

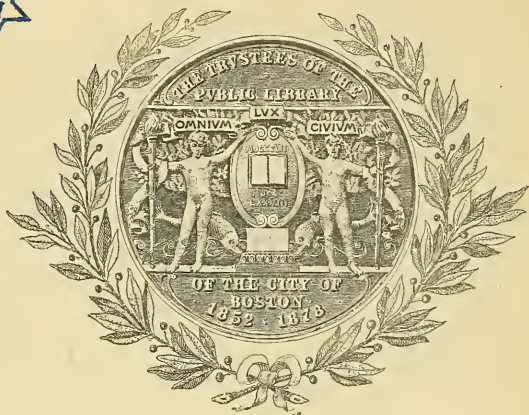
RUFUS WYMAN

1778-1842

MORRILL WYMAN


1812-1903

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DR. RUFUS WYMAN
AND
DR. MORRILL WYMAN



Momile Wyman—



A BRIEF RECORD OF THE
LIVES AND WRITINGS

OF

DR. RUFUS WYMAN

[1778-1842]

AND HIS SON

DR. MORRILL WYMAN

[1812-1903]

BY

MORRILL WYMAN JR.

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MORRILL WYMAN

TO THE MEMORY OF MY BELOVED MOTHER
THE FAITHFUL HELPMATE OF MY FATHER

4th March, 1913

PREFACE

I HAVE felt that the writings of my grandfather and my father have not been properly brought together for easy reference.

In this book I have made selections from their writings, in whole or in part, which with some account of their lives I hope may be interesting to friends.

M. W.

CAMBRIDGE, March 4, 1913.

DR. RUFUS WYMAN

1778-1842

MY grandfather, Rufus Wyman, was born in Woburn, Massachusetts, July 16, 1778, and died in Roxbury, Massachusetts, June 22, 1842, in his sixty-fifth year. He was descended from Francis Wyman, son of Francis and Elizabeth (Richardson) Wyman, of West Mill,¹ Hertfordshire County, England, a hamlet about a mile south of Buntingford. With his brother John, Francis emigrated to the Massachusetts Bay Colony in or about 1640, and in December of that year signed at Charlestown the first Town Orders for the town of Woburn, set off from Charlestown, the brothers' names appearing under those of their uncles Richardson. They established a small tanning business in Woburn, and their homes were in or about what in after years was called Wyman Lane. Both were first proprietors of extensive lands, and in 1665 the brothers bought the Coytmore Grant. In about 1666 Francis built a house on his portion of the land in that part of Woburn which a century later became Burlington (1799), and this house is yet standing,

¹ *The New England Historical and Genealogical Register*, January, 1896, p. 45.

restored and preserved by the Wyman Family Association as a relic and a place of meetings for the association.

From Francis and John nearly all the Wymans in America to-day trace their lineage. Francis married first, in 1644, Judith Peirce of Woburn. She died without issue. He married second, in 1650, Abigail Reed, daughter of William and Mabel (Kendall) Reed, who first came out, with a family of children, in 1635, and settled in Woburn. A few years later William and Mabel Reed returned to England, and William died there, at Newcastle-on-Tyne. The widow Reed then came back to Woburn, and here in 1660, married second, Henry Summers of Woburn.

My grandfather was in descent from Benjamin, tenth child of Francis and Abigail. Benjamin Wyman married, 1702, Elizabeth Hancock of Cambridge, daughter of Nathaniel 2d and Mary (Prentice) Hancock of Cambridge, and granddaughter of Nathaniel Hancock, founder of the Hancock family in America, who was settled in Cambridge in 1634, when he built a house on Water, now Dunster Street, in which also Nathaniel 2d sometime lived. Zebadiah, the fourth of Benjamin and Elizabeth's twelve children, married, 1733, Abigail Pierce of Woburn, daughter of Samuel and Abigail (Johnson) Pierce, of Mansfield, Connecticut, Abigail then residing in Woburn. Zebadiah 2d, their

son, married first, 1764, the widow of Elijah Brooks, and second, August 6, 1777, Eunice Wyman. Eunice Wyman was his cousin; the daughter of Nathaniel and Mary (Sawyer) Wyman, and granddaughter of Benjamin and Elizabeth (Hancock) Wyman. My grandfather was their first child.

Rufus Wyman received his rudimentary education in the common school of his native town. When he was fourteen years of age his father died, leaving but little property, and it was the family decision that the boy should be prepared for a business life. His inclinations, however, were for a professional career, and his talents disclosed, if cultivated, a fitness for a profession rather than for trade. At this juncture a friend of the family, who had taken a warm interest in him and desired that he should receive a collegiate training, offered his advice and assistance. Both happily being accepted, the plan of an apprenticeship for business life was abandoned, and he was placed under the care of a clergyman in West Cambridge (now Arlington) to prosecute his preparatory studies. After a time under the minister's instruction he went to Westford, Massachusetts, and finished at the academy in that village, in the care of Professor Levi Hedge, later the cultured professor of logic and metaphysics at Harvard. He entered Harvard in 1795. Upon his graduation in 1799 he spent the first year as a school teacher, principally in Worces-

ter, Massachusetts. The next year he began the study of medicine, entering his name as a student with Dr. Samuel Brown of Boston. Under Dr. Brown's direction he attended the town Almshouse, then the new one, in Leverett Street, in that day the only means of obtaining clinical instruction excepting through the private practice of the local physicians. Dr. Brown falling ill, he finished his studies with Dr. John Jeffries. He received the medical degree, and at once began practice in Boston in connection with Dr. Jeffries, who had become warmly attached to his pupil, and had proposed that he remain with him. After a year or more of arduous and successful service in this association his health began to suffer, at times with pulmonary difficulties, and he determined to seek a situation in the country away from the coast. His selection fell upon the town of Chelmsford, near the town of Westford where he had attended the academy. Here he resumed practice, as a country doctor. His professional reputation rapidly increased. He soon acquired the respect and esteem of his fellow townsmen and of those of the neighboring towns to which his practice early extended. As a contemporary¹ remarked, "Besides the duties of a practitioner he was, as every intelligent and upright physician must be, the friend and adviser

¹ Writer of article entitled "The Late Dr. Wyman," in *Boston Courier*, July 12, 1842.

of the families of his patients. He always acknowledged the confidence thus placed, and felt himself bound to do all that could promote their interest. He received a commission of justice of the peace, and the large number of cases brought before him sufficiently attest the respect in which his decisions were held."

In 1810 (January 24) he married Anne Morrill, daughter of James and Mary (Glover) Morrill, originally of Wilmington, Massachusetts, then of Boston, where Mr. Morrill was a merchant, and their good life together, which extended over thirty-two eventful years, till his death, which preceded hers by less than a year, was begun in his Chelmsford home. Grandmother also was of early New England lineage on both sides. Her father was in the fourth generation from Abraham Morrill, born in England, who came to America in 1632, perhaps in the "Lyon," and in 1635 was residing in his house in Cambridge, on the westerly side of Brighton Street near the spot in later years occupied by Porter's Tavern. About 1641 he moved to Salisbury, Massachusetts, and from that time the Morrills were identified with Salisbury through three generations. Abraham Morrill's great grandson, and Anne Morrill's grandfather, was the Rev. Isaac Morrill, minister of Salisbury. The Glovers were among the first settlers at Dorchester, Massachusetts, the first comers being John Glover, from

Rainhill, near Liverpool, and his wife Mary, who came out probably in the "Mary and John" in 1630. Anne Morrill's mother was in direct line from John and Mary Glover's son Nathaniel of Dorchester.

Grandfather's Chelmsford home was an old-fashioned house on a low hill, near the centre of the town. The house yet stands, though much remodelled. The doctor's sleeping room was on the lower floor, so that when the patients came at night they could tap at the window and awaken him. Father told me that he and Uncle Jeffries used to sleep in a room under the slanting roof, and when awake they could see the morning light through the shingles. In winter it was nipping cold, and the snow sifted in.

In 1818 Rufus Wyman's career as a country doctor closed with his appointment, as physician and superintendent, to the charge of the Asylum for the Insane in Charlestown (that part afterwards set off as Somerville), established the year before as a branch of the newly founded Massachusetts General Hospital, and the first department of that institution to be opened for patients. With what circumspection his selection was made for this important post, the conduct of an experiment untried in New England, — and with respect to methods for the cure as well as the care of the insane new to the country, — the records of the trustees of the insti-

tution as presented in Dr. Bowditch's History¹ show:

On January 26 [1817], a letter was received from Hon. Benjamin Pickman, recommending a physician of the Asylum. This was a most important communication, as the nominee was Dr. Rufus Wyman; and, coming from one of so high standing, and who had especial opportunities of learning Dr. Wyman's eminent qualifications, it had great weight.

[March 9] Public notice was ordered on selection of superintendent for Asylum.

[March 23] Dr. George Parkman offered himself as candidate for physician of that institution [the Asylum]; whose communication, with a model and several documents, was placed on file.

March 15 [1818] The Board decided that it is expedient to unite in one person the offices of Physician and Superintendent of the Asylum. March 22, it appeared that the Physicians and Surgeons of the Hospital recommended Dr. Rufus Wyman (Dr. George Parkman having withdrawn his application for that office); and he was nominated accordingly. . . .

On March 23, Dr. Wyman was unanimously elected, and was authorized to visit New York and Philadelphia. . . . On June 2, Dr. Wyman, having returned from his tour, made a verbal report.

At the time of his appointment the buildings for the Asylum consisted of the mansion of the former owner of the estate, — John Barrell of Boston, an opulent merchant of his day, whose country seat it

¹ "History of the Massachusetts General Hospital," by N. I. Bowditch. Edition of 1872, pp. 26, 27, 37.

had been, — and two long and broad wings which the trustees were adding. The architect employed, unacquainted with the peculiar requirements of the insane, had naturally arranged the rooms and galleries in plan not differing materially from hotels. It was because Dr. Wyman felt that the plan must require various alterations suggested by actual trial that he desired first to inspect other institutions of the kind. His tour embraced visits to most of the hospitals then existing in the country, those for general medical and surgical treatment as well as those especially adapted for the reception of the insane. While his report to the trustees upon his return was verbal, he had manuscript notes that he had made of “even the minutest details of the economy and management of these institutions,” with plans that he had acquired, which showed how carefully and intelligently he had examined them.¹ Among grandfather’s papers is one plan on the margin of which is written the following:

This is the original plan submitted by Mr. Taylor to the Governors of the New York Hospital and by them adopted for the Asylum at Bloomingdale, City of N. York. It was present[ed] by Mr. Taylor the architect to Rufus Wyman, May 1818. At that time the stone of the right front corner of the centre building was laid by the President etc., under which were deposited coins, of which I contributed two of fifty cents, 1816 & 1817. I

¹ *Boston Courier* article, July 12, 1842.

was present by invitation, & partook of the collation after the ceremonies were passed. Thom. Eddy Esq^r gave me a seat in his carriage to and from the Asylum. R. Wyman.

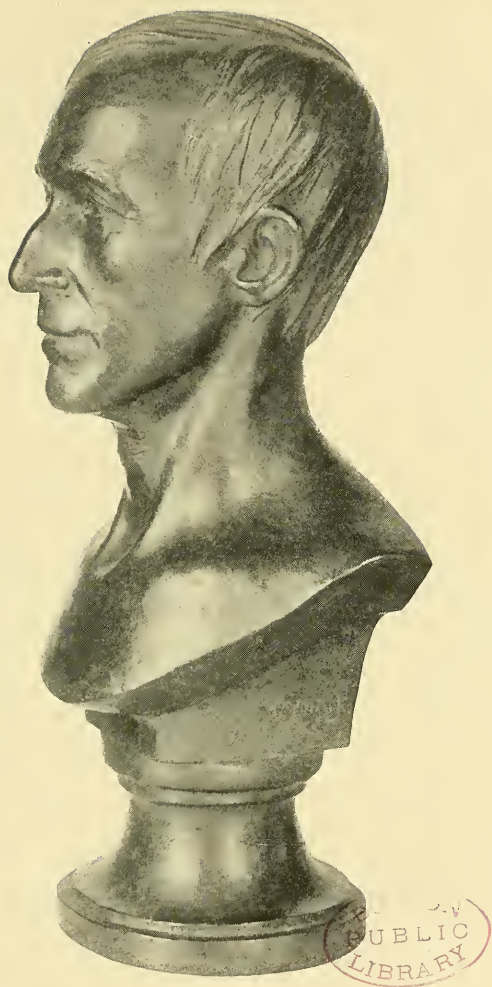
In July 1818 Dr. Wyman removed with his family to the Asylum and took up his residence in the mansion house; and on the 6th of October following the first boarder was admitted. Of this first inmate Dr. Bowditch relates: "Mr Francis [Ebenezer Francis, of the first board of trustees] states that he well remembers the admission of the first patient. A father asked to have his son received as an inmate; and the Committee spent three hours in conversing with him, in order to learn all the particulars of the case. He informed them that he believed his son to be one of those spoken of in the Bible as 'possessed with a devil'; and, when asked what remedial measures he had adopted, replied that he was in the habit of whipping him. The young man was entirely cured, and became subsequently a pedler, in which vocation he displayed such Yankee shrewdness, that he acquired a property of ten or twelve thousand dollars."¹ In November (the 23d) the visiting committee reported nine patients received. In April (the 2d, 1819) "reports were presented of a very favorable character as to Dr. Wyman, and stating that his assistants had behaved 'with all due humanity and attention.' The whole number of patients was stated to be six females, nine males."²

¹ Dr. Bowditch's "History," edition 1872, p. 46. ² Same, p. 49.

With no similar public undertaking for the care and cure of the insane as a model, Dr. Wyman had devised changes and improvements in the architectural arrangement of the institution and had developed a system of rational treatment without the compulsory restraints that had been formerly applied. In 1822, at the close of its first triennial term, he made the following significant report upon the state of the Asylum during that formative period, disclosing alike the disadvantages under which the new institution labored, and the practical progress attained with the new methods of his introduction:

DR. WYMAN'S REPORT OF 1822

The opening of a public institution for the management and cure of lunatics was the commencement of an experiment untried in New England. Although some medical gentlemen had acquired reputation in curing insanity, yet in this part of our country the disease had been generally believed to be incurable. Lunatics have, therefore, been most commonly doomed to long and severe confinement to secure them and their friends from personal violence. Many, who have adopted a more correct opinion, have been deterred from sending from home their lunatic friends by a belief that harsh and severe treatment, exciting fear and terror, would be thought most beneficial. It is too true that such treatment, in time not long past, has been approved and often advised by medical men. An entire revolution of opinion respecting the treatment of lunatics has been produced. This change of opinion is pervading the public mind; but its progress is slow.



Professor Wyman

Under these circumstances the number of boarders in the infancy of the Institution was not expected to be large. It was foreseen that those lunatics who had exhausted the patience of their friends by the long continuance and severity of their maladies would be the subjects first to be received. Until the institution had acquired age and the confidence of the public, it was not to be expected that persons becoming insane would be sent immediately to the Asylum.

From October 1st, 1818, when the Asylum was first opened for the reception of boarders, to December 31st, 1821, there have been received:

	<i>Males</i>	<i>Female</i>	<i>Total</i>
Unfit subjects,	2	1	3
Recent cases,	29	21	50
Old cases,	65	31	96
	<hr/>	<hr/>	<hr/>
Total,	96	53	149

Unfit subjects were persons not insane. In recent cases insanity had existed less than one year, and in old cases, the patients had been insane for one or more years.

From October 1st, 1818 to December 31st, 1821, there have been removed:

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Unfit,	1	2	3
Eloped,	5	1	6
Died,	5	4	9
By request,	18	11	29
Improved,	17	6	23
Much improved,	12	7	19
Cured,	22	10	32
	<hr/>	<hr/>	<hr/>
Total,	80	41	121
	<hr/>	<hr/>	<hr/>
Remain,	16	12	28

Of those who have been encouraged to seek relief for their friends in this Asylum a great proportion have sup-

posed that a few days or weeks were quite sufficient to determine the probability of cure. Perceiving no improvement in so short a time, and fearing the accumulation of expense, they have abandoned the use of means, and trusted to the efforts of nature for the termination of a disease the most dreadful and the most humiliating. These efforts are necessarily counteracted at home by confinement in small apartments which no ordinary attention can render clean and warm, or supply with pure air. From this mistake in the necessary time and this fear of expense, the usual term of residence of boarders at the Asylum little accords with the customary periods in other Institutions. The whole number removed is 121: of these remained in the Asylum, —

From 2 to 28 days	13
“ 1 “ 3 months	61
“ 4 “ 6 “	20
“ 7 “ 10 “	19
“ 11 “ 13 “	8
Total	<hr/> 121

It is asserted by a late writer ¹ (A.D. 1817) “that as many lunatics were discharged from the French Hospitals cured in the second and succeeding years as were recovered the *first year of trial*. The report made to the General Committee of the French Hospitals and published by authority verifies this statement. Dr. Esquirol too reports that of 2804 lunatics admitted into La Salpêtrière between the years 1804 and 1813, 604 were cured in the first year, 502 in the second, 86 in the third, and 41 in the fourth year.” Thence Dr. Esquirol determines “that the medium term of cure is little less than a year; but that no period should permit of despair of recovery.”

¹ Dr. G. M. Burrows, “Inquiry,” etc., p. 142.

In forming an estimate of the utility of this Institution and ascertaining the proportion of cures, it is very obvious that the unfit subjects and those who eloped should be taken from the whole number. It should also be considered that some boarders who have eloped from their friends have been sent to the Asylum as a place of safe keeping until a convenient opportunity to remove them home should be offered. For others, the establishment has been considered a comfortable winter residence, where the boarders would enjoy the benefits of apartments well warmed, well ventilated, and free from the dangers of fire, which could not be provided in a private house without great expense.

Of 149 boarders received 3 were not considered insane and discharged accordingly. 96 had been subjects of insanity from one to twenty-four years, and in nearly the whole of the remaining 50 insanity had existed from three to twelve months. Of 121 removed only 8 resided here eleven months, which is less than the average term of cure in Paris as stated by Dr. Esquirol. Those removed by request (29) were not improved. Those improved (23) and those much improved (19) were also taken away by request of their friends, who believed they had recovered so much as to be manageable at home, and that a cure would be completed without additional expense. Of these, 6 continued to improve, and recovered in a few weeks. They and others would have been added to the number of cured had they remained at the Asylum a reasonable time. Many, however, ceased to improve at home, and some relapsed into their former states of disease.

It is believed the public have much to learn respecting lunatics: — that insanity is curable — that a few weeks or months are not sufficient for a reasonable trial — that

medical treatment and moral management are both important in all cases — that absence from home is always indispensable — that a lunatic at home perceives he is watched and followed in every movement, and deems every restraint to be an act of tyranny and usurpation; inducing hatred towards nearest relatives and dearest friends — that the amusements provided in establishments for lunatics, as draughts, chess, backgammon, ninepins, swinging, sawing wood, gardening, reading, writing, music, &c., divert the attention from unpleasant subjects of thought, and afford exercise both of body and mind — that even the conversation of lunatics with each other, in some cases, convinces them of the absurdity of their opinions and produces a cure — that lunatics very soon and almost insensibly conform to the rules and regulations which they perceive to be observed by their fellow boarders — that regularity in the time and manner of taking food and using exercise, retiring to bed and rising at seasonable hours, observing the restraints imposed for acts of violence, feeling a necessity of conducting [one's self] with propriety, living under a system of rules and regulations for every thing, have a powerful effect in tranquilizing the mind, breaking up wrong associations of ideas, and inducing correct habits of thinking as well as acting; and finally, that lunatics are not insensible to kind treatment, that whips and chains are forever banished from every well regulated Asylum for the insane, and that kindness and humanity have succeeded to severity and cruelty.¹

¹ Remarks upon the state of the Asylum, etc., by the physician and superintendent, in "Address of the Trustees of the Massachusetts General Hospital to the Subscribers and to the Public" [1822], pp. 24-28.

By 1824 the Asylum had become occupied to near its capacity—quite in the males' department—and Dr. Wyman pressed upon the trustees the need of additional buildings and more extensive accommodations. The next year he presented plans of his own devising for the proposed additions, and the year following they were erected accordingly, under his supervision. In his report accompanying his plans (March, 1825) he presented in detail his system of classification of patients, for the establishment of which the plans provided:

In constructing buildings for lunatics, their comfort, happiness, and cure should be regarded as the ultimate and all-important objects. Other objects contributing to the accomplishment of these great ends are of almost equal importance. Among these are provisions for the attendants conveniently to manage the patients and to execute the orders and directions of those to whom is confided the general superintendence of the institution. Upon the care, fidelity, and experience of the attendants, the quiet conduct and the eventual recovery of the boarders greatly depend. Suitable attendants cannot be procured unless their convenience in the discharge of their duties be duly regarded, or if procured must be often changed, and consequently they will never acquire the requisite experience.

The feelings and opinions of relatives and friends of lunatics must be consulted, for they are to select the residence of those under their care.

The public also must be consulted, for the institution, in a great degree, depends upon the charities of the pub-

lic for its support, especially for the funds to defray the expenses of erecting its buildings. These contributions are to be expended with the greatest caution. Every measure and every plan should be well digested before any attempt to execute it.

The first great object presented is a proper classification of the subjects of a lunatic asylum. The evils to be avoided by an entire separation of males from females are so apparent that no arguments are needed to show its propriety. A further division of lunatics of either sex into distinct classes or families is not to be disputed. But the difficulties attending a suitable division are very great. These difficulties are various according to the form of government, the laws and customs of the country, and habits of the lunatics. In all cases the quiet are to be separated from the noisy and violent, the clean from the dirty, the clothed from the naked, and the latter from each other, that one patient should in the least possible degree disturb or offend another. Each division should form a little family, producing the greatest degree of comfort and happiness of which its members are susceptible. Some individuals who are much disturbed by noise require the most perfect seclusion and solitude; for these two rooms are so constructed and so situated that they may be suitably accommodated. They will also answer for ordinary sleeping rooms.

There are lunatic males who are generally tranquil, harmless, susceptible of much enjoyment, capable of walking abroad without an attendant, and in fact requiring little or no restraint. Their friends find it necessary to send such persons from home. They desire for them large, handsome, and convenient apartments, and sometimes accommodations for a servant. They are willing to pay in proportion to the accommodations

required. Such boarders may constitute a single family, called *house boarders*, and have apartments in the connecting wings and front part of the centre house.

Class I. Other lunatics, whose friends may wish for them handsome rooms and galleries, and have the means of paying the necessary expenses, still require to be restrained, and their rooms and airing courts must be so constructed that they cannot easily escape. These may constitute the first class, occupy one wing, and be divided into three families, each living in a single story. The convalescents and most tranquil may take the upper story, the most noisy and turbulent may take the basement story, and the remainder may take the middle story.

Class II. A second class, requiring to be restrained, may occupy the other wing. Neither their habits of life nor their pecuniary means will require or permit the rooms of this class to be finished or furnished in a style so expensive as those of the first class. They may, however, be provided with every comfort and convenience to be found in the apartments of the other class, and have everything adapted to their habits and feelings. This class will also be divided into three families, to be distributed in the several stories as is contemplated for the first class. Provision is made for a further and temporary division of apartments whenever any particular boarders are found to have aversions to each other.

The wings thus improved should contain accommodations for the quiet, the sick, and those who are not excessively noisy.

Class III. The very noisy, dirty, and violent patients will form a third class. They may possibly be kept in the wing for the second class. But it is believed a distinct building is to be preferred. Apartments may be pro-

vided in the same building for idiots and epileptics. The principal objection to this separation is that the worst patients being far removed would be likely to be neglected. But the comfort and tranquillity of the other patients require the removal, and the neglect must be prevented by increased vigilance.

The proper situation of the day rooms (or parlors) is a subject on which competent judges entertain different opinions. In several well-approved institutions all the day rooms are on the first or first and second stories. Under this arrangement those who occupy the upper story are during the day removed far from their sleeping rooms. It is true they have a more easy access to their airing courts, and the attendants who keep in the day rooms can more readily afford assistance to each other as it may be needed. But when the sleeping rooms join the galleries and are immediately connected with the day rooms, the members of the family occupying the same are under less restraint and have a greater variety of accommodations. If sitting in the day room becomes unpleasant the gallery is at hand for walking, and the airing court is sufficiently easy of access. If a patient be feeble or wearied, and desirous of passing an hour upon his bed, or if he prefer to write or read without the presence of others, his room is near and within the hearing and call of his attendant. These reasons seem to be conclusive for placing the sleeping rooms, day rooms, and galleries contiguous to each other and in the same story.

The principal objections likely to be urged against this plan are that the classes will be too numerous for quiet or safety, and will require the day rooms (parlors) to be too large. These objections do not appear to me to be valid or in any way proportional to the advantages gained.

This system of classification, which was adopted with the erection of the additional buildings, approached individual treatment. In 1877 Dr. Morrill Wyman published a pamphlet on "The Early History of the McLean Asylum"¹ from which I reprint the following extracts.

DR. MORRILL WYMAN'S PAMPHLET

Great differences of opinion have existed among those in charge of the insane as to the extent to which classification should be carried. The plan here given [in the report of 1825 above quoted] and adopted approached individualization. Dr. Bell thought it was carried too far. Of late the opinion has been gaining ground, especially in Europe, that a "strictly individual treatment" is needed. This cannot be approached without a classification at least as detailed as that adopted here more than half a century ago.

"Each family is also provided with dining and work rooms, a separate airing court, and has access to it by separate stairs, that the members of different families may not mix together. The courts are so arranged that patients in an improved state of mind will not see those who are in a worse condition.

"Two rooms are provided for those who need inspection during the night.

"The present garden for the exercise of the male boarders would be contiguous to their airing courts, but the boarders of one sex could not see those of the other during their exercise or amusements.

¹ "The Early History of the McLean Asylum for the Insane. A Criticism of the Report of the State Board of Health for 1877." Cambridge, 1877.

“In front of each connecting wing is a small court and a low building which is designed for house boarders who may be sick and cannot be removed to either wing or retained in the centre house. Small buildings of one story may be erected in the rear and front yards, as shown in the plans. Their height will not obstruct the view from other houses. This is a want which ought not to be overlooked.”

We have here a plan of small, detached, one-story hospital buildings much after that now [1877] so strongly advocated, and within a few years adopted by the other branch of the Massachusetts General Hospital in Boston.

“Near the broad steps of the stairs are holes through which the galleries and day rooms may be inspected; similar holes are in the walls of the dining-rooms for viewing the tables, etc.; as a like provision is made in each story, the whole wing may be inspected without the knowledge of the boarders or attendants. Through these apertures the friends of a patient may see him without exposing him to the dangers of a visit.”

These conveniences for the unexpected inspection of the boarders by their friends are a part of a plan. When the boarders were in the airing courts they were seen by their friends from the mansion house through a fine telescope mounted for the purpose. Few better arrangements could be devised for giving friends confidence in the treatment pursued. There may be objection to patients seeing their friends, but none to the friends seeing the patients. The influence of such a system upon all connected with the institution is obvious.

The apartments occupied by the violent male insane . . . are known at the Asylum as the “strong rooms,” and are four in number. They are in a brick building fifty-four feet by twenty-three feet, called “the lodge,” or

“retreat”; it stands at the east of the mansion and quite detached from it.

I am quite sure that on no other part of the asylum did the physician exercise more fully his great talent for contriving and executing accommodations for the insane than here. This his numerous plans, sketches, and memoranda clearly show. I am equally sure that no patients received more care, or were more constantly in his thoughts than the unfortunate persons for whom it was designed.

When the “lodge” was built [in 1826] the McLean Asylum . . . had been open eight years; during that period it had received a larger proportion than ever since of patients from jails and almshouses, where they had no proper care. Some, neglected by those who had charge of them, were filthy and noisy; treated for years like lower animals, they came to resemble them in many of their habits; they had no proper rooms, and suffering from cold in winter were often confined in cellars; their keepers, glad to get rid of them, sent them to the newly opened asylum. Subsequently, the earlier removal of the insane to asylums probably much diminished the number who fell into this dreadful condition. The lodge was originally of two stories: the upper intended for idiots and epileptics, those who were objectionable in their habits or subject to sudden outbreaks of frenzy. These apartments, however, were never finished, the number of patients requiring them having lessened. The lower story contains the “strong rooms.”

It should be distinctly understood that these rooms were exclusively for those unfortunate persons, some of whom are to be found in most large asylums, who at times are violent and noisy, who destroy their clothing, their bedding, even to the very mattresses on which they

sleep, who defile their rooms in every possible way, — the most violent male insane. No others were ever placed in these rooms. Their number is small; these four rooms were more than sufficient for one hundred and fifty male boarders at the McLean. . . . But small as the number is, even if it be but a single individual, he should be provided for in the manner best suited to his individual case.

How this is to be done has been a difficult problem, and it is likely always will be. Reasoning and persuasion can avail nothing. They may be drugged with narcotics, but experience has decided against this plan for any length of time. Some would have them kept in apartments similar to those of the more quiet, and in their vicinity, holding and restraining them by sufficient manual force; others think they should be secured and prevented from doing mischief to themselves or others by means of manacles, strait-waistcoats, camisoles, muffs or mittens, as producing less desire for resistance than when opposed by manual strength. But neither of these plans prevents noise and filth, which render them utterly unfit companions for the more quiet. Others, again, prefer to abolish all restraint upon the limbs, and while the paroxysm lasts leave these most unfortunate sufferers in proper apartments where they can be made safe, and as far as possible comfortable, allowed the full exercise of their limbs, and where neither their noise nor their habits will disturb any one.

This last is the method adopted by my father at the McLean. It was to carry out this method that he urged upon the trustees in 1825 the immediate erection of the "lodge."

The "strong rooms" . . . are completely surrounded by corridors about five feet wide, properly ventilated

and warmed, summer and winter. They are lighted by windows in the front wall, and also by smaller windows on the opposite side. The "strong rooms" are eleven feet by seven and a half on the floor, ten feet in height, the ceiling an elliptic arch, with a ventilating flue in the centre. They are entered by doors from the corridors, and lighted through unglazed windows about two feet square, never closed in any way. Directly opposite these windows are the large windows, about three by five feet, in the front of the building, opening upon the airing court. In the corridor are doors by which each room is completely separated from the others, and sound cut off as much as possible. Each room can be reached without passing any other. The walls . . . are of brick plastered with Portland cement, made as smooth as possible; the corners are rounded for cleanliness. . . . In one corner is a close-stool communicating with the corridor through the side of the room; in two of the corners are seats properly fastened in the wall. The floor is of granite slabs, eight or ten inches thick, smoothly hammered, and laid in cement. The floor is inclined towards one corner of the room, that next the corridor, where there is a proper outlet and waste-pipe. This secures the immediate draining away of water during the washing of the floor, of necessity frequently repeated with this class of patients.

Notwithstanding the ample preparations for ventilation and warming the air of the rooms and corridors, it was deemed essential that the floor also should be well warmed. To do this effectually and equably is a matter of no little difficulty. . . . In these "strong rooms" the difficulty is met by warming the stone floor by a fire beneath. . . . The floors were thus warmed night and day, summer and winter, the thick slabs of granite keeping up

an equable temperature hardly to be obtained in any other way. This method of warming is by no means new; it is essentially that of the ancient *hypocaust*, used two thousand years ago at Pompeii, as is fully shown by the excavations and also by the drawings upon the walls of the baths in this favorite watering-place of the Romans. In Pompeii the walls and ceilings also were hollow and warmed by the same fire. Adjoining the main corridor is the bath-room, and near that the room for clothing.

The McLean "strong room" was provided with a comfortable mattress, or, if this were destroyed, with the best materials as a substitute that could be found. . . . By a strict rule of the Asylum these rooms were the first visited in the morning. Every morning before breakfast the patient was bathed and placed in a similar adjoining room. Everything which had become soiled was removed, the room well washed, and the walls and floor carefully cleaned with transparent lime-water, which left the walls free from odor and visible lime deposit.

Its use [the lodge's] was continued through the administration of Dr. Bell who succeeded him [Dr. Wyman] at the Asylum in 1836. . . . In 1848 . . . new strong rooms for females were being erected at Worcester [the State Asylum] . . . and in 1850 . . . similar rooms were built for males; they were substantially imitations of the strong rooms of the McLean.

Numerous provisions for the enjoyment of the more tranquil or harmless patients, unusual in that day, were also early made:

Some of the boarders were quite at liberty to come and go as they pleased. These found their own occupation and amusement; one was a frequent visitor at the

reading-room of the Boston Athenæum, and might have been seen daily among the literary gentlemen who associated there. A constant effort was made to increase the means of occupation and amusement for all. Walking in the airing courts or in the country with attendants, going to church on Sunday, visiting places of interest on other days, were the most common, or riding in open wagons in pleasant weather. Soon afterwards the physician was "authorized to procure a carriage and pair of horses to be used at the McLean Asylum for the Insane, for the purpose of giving air and exercise to the boarders." These rides were then, as now, taken in the neighboring country. They were of necessity confined to those who were comparatively quiet and well behaved. But there were others who needed air and exercise even more than these; for such a carriage-way of nearly half a mile in circuit was made round the garden, where they could ride and where neither their noise nor their appearance would disturb any. A row-boat upon Charles River, then attractive and unpolluted, was in frequent use, affording an amusement particularly relished by those who had been sailors, of whom the Asylum usually contained several.

In summer, excursions in the harbor in large boats gave a pleasant sail, a run upon the islands, a chowder on board, and all the enjoyment of a day from home. There was bowling, gardening, the exercise of the mechanic arts, books, papers, and various games. Chess was a favorite with some; the physician was an excellent player, and not unfrequently met with a worthy antagonist among his boarders.¹

One or more boarders were always at the physician's

¹ "Early History," etc., pp. 13-14.

table, had rooms in the mansion house, and mingled with his family, went to Boston and elsewhere, and always without an attendant. The more quiet also passed their evenings in the physician's family, and always appeared and were treated like other gentlemen. Some occupied themselves for months together as teachers of the physician's children, with advantage to both.¹

In their report for 1827 the trustees recorded marked progress at the Asylum: —

It will be perceived that the results, during the year past, have been unusually favorable. It appears by the annual reports for the three last years that —

In the year ending April 1825, of fifty-three removed, twenty-five were recovered, being 47 per cent.

“ “ “ “ April 1826, of fifty-six removed, nineteen were recovered, being 33 $\frac{1}{3}$ per cent.

“ “ “ “ April 1827, of fifty-nine removed, twenty-six were recovered, being 53 per cent.

The number restored to reason, therefore, during the last year, is more than one-half, and exceeds that of the previous year nearly twenty per cent; a fact which sufficiently evinces that the laborious and active supervision which the Physician and Superintendent has exercised during the year over the erection of the additional building, has not lessened his devotion to the other duties of his department.²

¹ “Early History,” etc., p. 10.

² “Report of the Trustees,” Massachusetts General Hospital, 1827, p. 2.

In the summer of 1830 Governor Lincoln and a committee of the Executive Council asked the views of Dr. Wyman as to location and construction of Insane Hospitals, to which he replied with his opinions, as appears in the following correspondence.

I

Boston, May 12th 1830.

Doct Rufus Wyman,

Dear Sir,

The Honorable Mefs^{rs} Taft, Sprague, & Mason who will have the pleasure of calling upon you with this note, are Members of the Executive Council of the Commonwealth. They are specially charged with inquiries on the subject of the Location of a Lunatic Hospital, and are desirous of obtaining information in relation to the accommodations required for such an Institution. I beg leave to introduce these Gentlemen to your notice and kind attention, as well for the estimation in which I hold their private characters, as on account of their official object, and I seek the occasion to renew to you assurances of my friendly esteem & respect.

LEVI LINCOLN.

II

Council Chamber, May 28. 1830.

Dear Sir,

Since we had the pleasure of an interview with you we have viewed various sites offered for the hospital. Before we decide we wish to ascertain with some certainty if there is any preference to be given to a location on the seaboard over the interior or to the interior over

the seaboard. For that purpose we have asked the opinion in writing of several eminent physicians. Will you have the goodness to favor us with your opinion & the reasons on which it is founded, and any other information you may deem interesting to us.

Very Respectfully

Please answer as early Your Obedient Servant,
as convenient.

JOSEPH E SPRAGUE, for the
Council.

III

McLean Asylum for the Insane,
Charlestown, June 4 1830.

Hon Jos. E Sprague,
Sir,

Your letter of May 28. in behalf of the Council, was handed to me in the afternoon of Tuesday 1st instant. The sudden sickness of my principal assistant with Haemoptysis, and my special engagements with the M. Med Society on Wednesday & Thursday left me no time untill the present moment to make my answer.

I am requested to give my opinion "if there is any preference to be given to a location (of a hospital for "lunatics) on the sea board over the interior, or to the "interior over the sea board," and also to communicate "any other information &c."

Sea air, Sea breezes and Sea bathing are peculiar to situations on the sea board. Elevation in the atmosphere and consequently diminished atmospheric pressure, a greater intensity of winter cold and an air operated upon by a greater abundance of living vegetables, are peculiarities of the interior. I do not think these considerations of any importance in determining between the sea board and the interior, as places for a hospital for lunatics.

There are situations on the sea board exposed to gases & effluvia, arising from decaying animal substances, and in the interior, there are situations near swamps & the banks of sluggish rivers, exposed to gases and effluvia, arising from decaying vegetable substances. But such places can be avoided in the country and near the sea.

There are other considerations, which I deem to be more important, which I beg leave to suggest for the consideration of the Council. These I should not presume to offer, except for their request for "other information &c."

A Hospital for Lunatics should, I think, be situated on an eminence to command a pleasant prospect, which should be between the Southeast & Southwest — to be sufficiently exposed to the breezes of the atmosphere to ventilate the buildings in summer, and to afford a sufficient descent for the waters of the rains, melting snows, and the drains to pass off quickly and to a suitable distance, — and that the airing yards may be open on one side at least, so that they may be well ventilated and the patients in them may over look the fences.

The soil should be dry and gravelly — not subject to heavy dews falling early at evening & remaining late in the morning. There should be an ample supply of good water for drinking, cooking & washing.

There should be in the vicinity a population containing a sufficient number of gentlemen of leisure, talent and information, to ensure a thorough inspection of every room and of every inmate at least once in each week, and also physicians & surgeons to afford such advice as may be needed.

These suggestions relate solely to location and are totally disconnected from any views in regard to the construction of buildings for lunatics, that they may

be properly classed and be subject to a suitable moral treatment.

I am, Sir, with my best wishes for the success of the government in making provisions for the relief of a most afflicted class of its subjects,

very respectfully,

Your humble servant,

RUFUS WYMAN.

June 4 6 o'clock P. M.

I delivered the letter, of which the above is a copy, to Hon. J. E. Sprague in the antichamber of the State House.

The location was fixed at Worcester the day preceding.

IV

Worcester, June 14 1830.

Dear Sir,

You are doubtless apprized of the arrangement of the Government of the State for the erection of a Lunatic Hospital in this place. The Plan is to embrace "accommodations for a Superintendent and one hundred and Twenty Lunatics or persons furiously mad." Your acquaintance with Institutions of this character will enable you greatly to aid, by your suggestions and advice, in the erection of a Building suitably constructed for the purpose, and I feel, that in your character and disposition to subserve the cause of humanity, I shall not want excuse in appealing to you for information, which may aid me in the discharge of my official duties on this subject. Will you allow me therefore to ask for the loan of any plans which you may have of a suitable Structure, (of your Institution or any other,) — or that you would cause to be sketched in *general outlines*, such a

Building as you should approve, together with the mode of running it, the arrangements of the yards &c., and also advise me of the kind of materials to be made use of, where brick and stone are equally easy to be obtained. Indeed I should highly appreciate any hints you may offer on the subject. The site for the building somewhat resembles that of the McLean Asylum—being a fwell of land of considerable elevation but of eafy approach on every side, facing more directly towards the East and West, protected on the North by higher grounds at a distance, and open towards the South. Allow me to add, that an *outline* of such a plan as you prefer, if you have not one on hand, taken by an Architect under your direction, I will most cheerfully cause to be paid for. A finished plan of a Building is not yet wanted, but merely what may be sufficient to direct to a location.

I pray you to excuse a liberty I take in writing the above favor from the consideration that I am induced to it by public instructions. With great esteem & respect,

Your Friend & Svt.,

LEVI LINCOLN.

V

McLean Asylum for the Insane,
Charlestown, June 25 1830.

His Excellency

Levi Lincoln Esqr.,

Sir,

Since the establishment of a Post office at East Cambridge, I have generally received my letters from that place & have not so frequently sent to the Office in Charlestown. It was not until last evening, that I received your letter of the 14th Inst. I now hasten to express to you my satisfaction in the disposition of the

government of this Commonwealth to provide for the relief of a most afflicted portion of its subjects. I beg you to feel assured, that any services within my power will be most cheerfully rendered in aid of an object so desirable. My duties in this Asylum however require so much of my time, that I have very little for other pursuits. I trust, therefore, your Excellency will excuse me from entering so fully into the details of a Building for the reception of Lunatics as my good wishes for the success of the government and my personal regards for its Chief magistrate would induce me to attempt.

As to the arrangements of some of the appendages of the buildings I beg leave to refer to a letter written to the Hon. Mr. Sprague in behalf of the Execut. Council. I cannot better answer at this time the other enquiries proposed, than by transmitting extracts from a report to the Trustees of the Mass Gen. Hospital made by me previously to the addition recently made to the buildings of this Asylum. A copy of such parts of the report as are applicable to the Lunatic Hospital Worcester is in preparation & will be forwarded herewith.

We have no regular plan of our buildings. I have kept minutes & detached drawings of parts that are concealed, from which the Trustees have ordered plans to be made. They have not yet been commenced. I have outlines of the Asylum at Bloomingdale, N. York City, of the Asylum at Hartford, Con., and of the Asylum at Columbia, S. C. They will ever be ready for the inspection of any persons you may desire to examine or to copy them. I apprehend, however, that copies would be of little use. I believe architects have been less successful in providing for the wants in buildings for lunatics, than in those for any other purpose.

Much useful information is contained in "Tuke's

practical hints respecting Pauper Lunatic Asylums," "Tuke's account of the retreat" at York, Eng., — the description & plans &c. of the "Wakefield Asylum," & of the "Derbyshire Infirmary," England.

Provision should be made for easy Inspection of the Hospital by its officers. The abuses to be guarded against which render constant inspection indispensable will be understood by examination of the minutes of evidence accompanying the Report of the Committee of the House of Commons on the state of the Mad Houses in England A. D. 1815. Each Class of Lunatics constituting by itself a little family, should have as many of its wants provided for separately as is possible. It should have separate airing yards with separate staircases, leading to the same. In regard to the material for buildings, I think that either granite or *hard burnt* bricks are suitable. It should always be kept in view, that many of the inmates of a Lunatic Hospital will either from a propensity to mischief or for amusement & occupation, deface & take in pieces their rooms & furniture. This is an important difference between Lunatics & criminals. The latter destroy their prisons only to effect their escape. The arrangements should be convenient for the attendants & servants; for it is a received maxim in establishments of this description, *that what can not be done easily, is not likely to be done at all.*

[Copied pages 12 to 16 of Report for Jan. 1824]

Each patient, including sleeping room, galleries, day rooms, stairs, closets &c., will require about 200 square feet of flooring, exclusive of the accommodations for Superintendent & Apothecary, cooking, washing & House servants.

I should have added that I shall most readily shew to any gentleman connected with the Worcester Hospital

all or any parts of this Asylum, and with great pleasure answer any enquiries it may be thought desirable to make of your Excellency's very

Humble Servt.,

RUFUS WYMAN.

The trustees' report for 1830 has these records illustrative of the Superintendent's high-mindedness:

[1830.] On October 21, a letter from Thomas Lee, administrator of Francis Lee, a deceased patient, was received and read, communicating a gift from his father, Joseph Lee, Esq., sole heir of said deceased, of \$20,000 for the use of the Asylum (\$250 a year for four years to be paid to Dr. Wyman). The writer says: "In frequent visits to the Asylum, during nearly two years that the deceased was a patient, his friends having become acquainted with the admirable provision made for the alleviation and cure of one of the most severe afflictions that befall human nature, and appreciating the rare union of the requisite qualities possessed by the present Superintendent (Dr. Wyman), believe that a more appropriate or better use cannot be made of a portion of his estate than by contributing to the support of this well-administered and most humane institution. They feel at the same time that they do but carry into effect what might have been the views of the deceased had the power been restored to him of acting for himself."

Dec. 5, a letter was received from Dr. Wyman declining the donation of Mr. Lee, on the general and high-minded ground of the impropriety of receiving presents from any boarder or his friends.¹

¹ Dr. Bowditch's "History," etc., ed. 1872, pp. 98, 99.

These unremitting and arduous labors, however, were impairing his strength, and at length in the summer of 1832 he was forced temporarily to relinquish his post and seek rest away from it. In May he had presented his resignation on the ground of ill health, but the Trustees declined to accept it, granting him instead a leave of absence for recuperation. In their report for this year is this record:

On May 17, Dr. Wyman tendered his resignation on the ground of ill health. The Chairman with Messrs. Hallet and Quincy were appointed a Committee to confer with him and make any arrangement. . . . May 20 a letter from Dr. Wyman thanked the Trustees for the regard and kindness manifested towards him and his family. The Committee reported that Dr. Wyman was to be for a time absent: and "believing that the services of Dr. William J. Walker during that time would be highly valuable to the institution," they requested him "to visit it as often as he could consistently with his other engagements." ¹

During the fourteen years of his administration to this time Dr. Wyman had been absent from the Asylum only five nights. He now sought the restoration of his health in a leisurely journey into Northern New England. While he was journeying through Vermont the Asiatic cholera made its appearance in Canada. He had been recently engaged, as a member of a committee of the

¹ Dr. Bowditch's "History," etc., ed. 1872, pp. 103, 104.

Massachusetts Medical Society, in investigating the question of the contagion or non-contagion of this dread disease; and the opportunity thus presented to observe it for himself he felt must be improved despite his enfeebled state. Accordingly he left his wife and daughter, who had accompanied him, and hastened to Montreal. Here he pursued his observations in the sheds set up for the housing of the immigrants then landing with the disease. But soon his studies were interrupted by an attack of violent diarrhœa, produced it was presumed by the lime and salts contained in the city water, and aggravated by other causes. He returned directly home, and shortly afterward became severely ill, his disease assuming a typhoid character.¹

In August he renewed his resignation, and now it was accepted, but tentatively, however, — “with the view, doubtless, of relieving him from his feeling of responsibility,” as Dr. Bowditch states; and he was still to reside at the Asylum.² In September the duties of Physician and Superintendent were separated, and Dr. Wyman was named for the former position only, but with the same

¹ “The Late Dr. Wyman,” *Boston Courier* article, 1842.

² “At a special meeting, August 1, Dr. Wyman again requested the Trustees to accept his resignation; and the Visiting Committee were instructed to make a report on the next day. . . . Aug. 2, Dr. Wyman’s resignation was accepted (with the view, doubtless, of relieving him from his feeling of responsibility); he still to reside at the Asylum. Dr. Walker was requested to continue his services.” — Dr. Bowditch’s “History,” etc., ed. 1872, p. 105.

salary that he had received when occupying both places.¹ Later he was enabled to resume his lightened duties. In their report for the next year, 1833, the trustees thus summarized the situation:

The sickness of Dr. Wyman, and the introduction of a new Superintendent, have greatly increased the expenses of the latter establishment [the Asylum] during the past year. . . . The internal regulations of this establishment have been modified and improved. . . . The increased number of patients rendered it necessary to relieve the Physician from the accumulated cares of providing for and superintending the financial concerns of so great an establishment. These, in addition to his medical cares and responsibility, undermined the health and for a time deprived the Asylum of the invaluable services of Dr. Wyman. The Trustees are happy in stating that an entire relaxation from the duties of an office which for fourteen years had permitted him to be absent but five nights from the Asylum — together with the relief afforded by the division of his duties and the appointment of an efficient Superintendent, have reestablished his health, and promise a long continuance

¹ "Sept. 19, the duties of Physician and Superintendent [at the Asylum] were ordered to be separated. Dr. Wyman was elected Physician with a salary, fixed at the next meeting, of fifteen hundred dollars. In other words, he was so highly appreciated that the Board thought themselves fortunate in securing his services for one only of the offices, at a price greater than they believed those of any other person could be worth who should fill both situations." — Dr. Bowditch's "History," etc., ed. 1872, p. 105.

"On Oct. 3, Captain Luke Bigelow, of Lancaster, was chosen Superintendent, with a salary of seven hundred dollars. Oct. 9, Mr. Rufus Wyman, jun., was requested to act until his arrival." — Same, p. 107. March 3, 1833, Rufus Wyman, jun., was appointed Clerk of the Asylum. — Same, p. 114.

of his skill and experience in alleviating the most distressing calamity to which our species is exposed. . . .

During the sickness and absence of Dr. Wyman the medical department of the Asylum was placed under the care of Dr. William J. Walker of Charlestown. His assiduity and professional skill supplied, as far as the place could be supplied by one who was not a resident at the Institution, the station so ably filled by Dr. Wyman.¹

But even with the relief thus afforded Dr. Wyman's health was not sufficiently reëstablished to permit him to perform the duties of the single post of Physician, and before long he was constrained to ask release with his permanent retirement from the Asylum. Accordingly at the opening of 1835 his resignation was finally accepted with these Votes of the Trustees:

On January 9, 1835. "Whereas Dr. Wyman has repeatedly and earnestly requested to be relieved from his arduous and responsible duties as soon as the interests of the McLean Asylum will admit, and the Trustees feel it a duty to him to fix a time for his retirement, in order to give him an opportunity to make suitable arrangements for the future, — Voted, That his resignation be respectfully accepted, to take effect on May 1 next.

"Voted, That, in consideration of his long, zealous, and unwearied exertions during sixteen years — in the commencement of an institution then novel in this part of

¹ "Annual Report of the Board of Trustees," etc., Jan. 23, 1833, pp. 2-3, 5.

the country, and in conducting it to its present prosperous state, — the sum of one thousand dollars be granted to him and paid by the Treasurer.”¹

On January 16th Dr. Thomas G. Lee, who had been the Assistant Physician, was promoted to the vacant post, with the same salary and privileges as his predecessor enjoyed; and he was requested “not to confine himself too strictly to his duties, or debar himself from the enjoyment of social intercourse with his friends, or to neglect that occasional relaxation by which his health may be improved and preserved,”² this admonition evidently in view of Dr. Wyman’s unsparing devotion, and of Dr. Lee’s then delicate physical condition.

On January 28, at the annual meeting of the Board, Dr. Wyman was elected a Trustee in the place of Henry Codman who had declined a reelection, but this position he also felt obliged to decline.³

At the same meeting the following Vote was adopted:

Voted, That the thanks of this Corporation be presented by their Secretary to Dr. Rufus Wyman for the zeal, ability, and faithfulness with which, from the establishment of the McLean Asylum for the Insane, he has filled the office of Physician and Superintendent, with the assurance that this Corporation feel bound to declare that these qualities have mainly contributed to raise the

¹ Dr. Bowditch’s “History,” etc., ed. 1872, p. 120.

² Same, p. 121.

³ Same, p. 121.

reputation of the institution to its present respectable standing, and have equally elevated his own character in his profession and as a philanthropist.¹

In October of the next year (1836) Dr. Lee died, and in December following, Dr. Luther V. Bell was appointed to succeed him: upon which the committee of the Trustees in their next annual report (for 1837) paid the following tribute to Dr. Wyman and his pioneer work:

The Trustees feel that there is cause for great gratitude that this Institution enjoyed so long the talents and services of the honored individual [Dr. Rufus Wyman] whose fortune it was to lay the broad and deep foundations of its usefulness and reputation, and whose invaluable services shed so bright a lustre upon its early history; and that, when he retired, exhausted by the toils and responsibilities of seventeen years devoted to its arduous duties, — a successor was given to follow out his designs, to raise still higher the fabric of Benevolence, and institute further inestimable improvements for the accomplishment of its great design. And, commending its destiny to the same Beneficence which raised, and has hitherto sustained it, they rely with confidence upon the ability and devotion of him to whose direction it is now mainly entrusted, that he will prove himself worthy the responsible station to which he is called; and that, when his labors shall be ended, his name shall be numbered with those of his predecessors, among the benefactors of his race.²

¹ Dr. Bowditch's "History," etc., ed. 1872, pp. 121-122.

² "Report of the Committee of the Trustees," etc., for 1837. Drawn up by Charles G. Loring. P. 8.

During these formative seventeen years about twelve hundred patients had come under Dr. Wyman's care and plan of treatment, while he had developed the institution into a model for its class. Such is the testimony of his professional contemporaries. "Indeed," said Dr. Bell in his annual report next after Dr. Wyman's death, "to this day scarce any institution can be visited in the land where evidences of the operations of his mind do not present themselves on every hand, not only in details of architectural and mechanical arrangements but in the moral regimen and internal system." In that report Dr. Bell generously reviewed his work, with an estimate of his worth and character, in the following beautiful passages:

Entering on his duties with no similar undertaking for an exemplar to guide him in interior arrangements or in general management, the weight of difficulty and responsibility which necessarily fell upon him must have been far greater than any of his successors in such trusts who have had the aids of his ingenuity and labors can have experienced. . . . What is due to his memory as a public benefactor in this way can never be realized or appreciated except by the small number whose opportunities and duties enable to judge of the difficulties he encountered and the means he projected to meet them. The untiring interest and industry of Dr. Wyman . . . presented on every hand their abundant fruits. Whatever was a part of the system he adopted was thoroughly matured and perfected, he established little for which he had not reasons, the soundness of which experience has

verified; and it has rarely happened that any considerable variation has been made from regulations he introduced, that abundant causes for regret have not been afterwards found. Commencing with architectural arrangements which he had no hand in designing, much of his attention was necessarily called to devising changes and making improvements, which, under more favorable circumstances of beginning would have been uncalled for. We still in our every-day experience have reason to lament early errors and lack of information at the outset; although his ingenuity remedied many defects, others are beyond amendment. But wherever he placed his hand in perfecting old or designing new arrangements, the most abundant evidence is presented how entirely correct were his principles of classification, inspection, interior comfort and safety. It may be, at times, that his inventive spirit was called into action beyond its most expedient limit. Difficulties were anticipated and obviated which experience proved too slight to demand precaution, and even his views of thorough classification and separation of different forms of disease and individual temperaments might have passed into a degree of complexity, difficult to be kept in constant operation. The end and aim of every arrangement mechanical or moral, although not always obvious to the unpracticed eye, speaks at once to those skilled and experienced in the care and treatment of the insane, the mind thoroughly imbued with sound principles.

As a director of a hospital for the insane Dr. Wyman was most happily adapted to the exigency then present, that is, the laying broad, deep and firmly a class of public charities before unknown in New England, and indeed scarcely to be considered as established in the

United States. Possessing a mind of native intuitive sagacity in detecting character, he had thoroughly improved it by observation of men no less than by investigation in mental philosophy and medical science. These essential qualifications, matured by adequate preliminary experience in the ordinary duties and exigencies of his profession, he having approached middle life when called to the direction here, were united with an untiring energy and devotion to the one great object of his life which scarcely will meet its parallel. Year after year passed away without ever finding him absent from the field of his charge even for a single night. Indeed, for some seventeen years, until his health failed under these labors and anxieties, he was scarcely absent from the hearing and the sight of the insane. The last sounds of the closing and the first of the dawning day brought to his ear the presence of his helpless charge and reminded him of duties which never grew wearisome to his spirit. This unexhausted application of course implied, for existence otherwise could hardly have been sustained, an undying devotion to the welfare of the insane; and he never, so far as can be judged, pursued this great end with diminished intensity of interest, amidst the discouragements which all places of trust, and perhaps none more than those connected with the care of those void of reason, occasionally involve.

But it was not for mental qualifications alone that Dr. Wyman deserves to be remembered in his connection with the subject of insanity in the United States. There was a moral beauty in his character, a sterling, uncompromising integrity in him as a director of a public institution, which may well serve as a model to all who may be called upon to discharge such sacred functions. Of him as a man in private life or in his social relations, I

have no right to speak; that is a duty better appertaining to those who had more intimate and confidential relations with him than it was my privilege to have had, but the records he left as the head of this institution, and the knowledge I have continually received from those who came in contact with him, patients and their friends, authorize the declaration that in his relation to insanity he was emphatically a just man; honest not only in the great open duties of his station, but in those more minute and scientific details where any deviation or looseness as regards exactitude, any partial coloring or omission, could only be known to himself or incidentally to those who might come after him in his duties.

There was in his character not only this strict integrity but a hatred of ostentation, an avoidance of anything which could be construed into self-laudation, which perhaps was carried to an extreme actually prejudicial to the interests of this institution and thus to the insane generally. He had such a dislike to newspaper notoriety, such distrust of any form of reputation higher with the public at large than with his professional brethren, the sole adequate judges of character in a medical man, that perhaps the light of his good works was too much hidden under a bushel to serve its proper end as an example. The effect of this unwillingness to publish widely what his institution had accomplished in its new and untried field, may have limited its extent of usefulness and even have procrastinated the day, now arrived, of a more general provision for the insane. Had he allowed the report of the facts to have circulated far and wide or encouraged the dissemination of what were then new and unheard of results, that insanity was a highly curable disease, many might have been led to have sought aid here who were permitted to suffer long and hopelessly,

ignorant of the existence or the success of such an institution. A sensitiveness on this head perhaps morbid, if a failing, was one which "leaned to virtue's side."

During the last year he has gone to his reward. I have no fear in hazarding the opinion that his professional character as a guardian of the insane will continue established and unshaken by the lapse of time, as a reputation founded on a solid and indestructible basis. He never courted the breath of popular applause; his name will not drop, when its evanescent currents shall have passed by.¹

Another has said: "His mind was continually occupied with the medical and moral treatment of the boarders, and with the best mode of administering to their wants. His improvements in ventilating and warming their apartments were such as experience has shown to be of great importance, many of which are adopted in all well-regulated establishments for the insane. His taste for practical mechanics, and his inventive genius, enabled him to originate much which those only who are practically acquainted with asylums can appreciate. His treatment of those committed to his care was uniformly mild, yet accompanied with such a degree of firmness and resolution as convinced them at once that all he directed was intended for their good, and must be complied with. . . . Although it is difficult to compare one asylum with another, the time of admission after attack,

¹ "Report of the Trustees . . . by Luther V. Bell, M. D., Physician and Superintendent . . . 1 Jan., 1843."

length of treatment and other circumstances being so varied, yet enough can be shown to warrant the assertion that his plan of treatment was highly successful.”¹

Upon his retirement grandfather removed to Roxbury. In his Diary under date of May 26, 1836, is found this entry: “This morning was commenced the raising of my house.” This house was on Warren Street, set well back from the street with a garden and woods. Here he occupied his time in philosophic pursuits and in the improvement and cultivation of the lands of his pleasant place. His life-long habits of mental activity continued unchecked. Many subjects connected with the progress of his profession, with which he kept pace, engaged his mind. Still his interest in the treatment of the insane was as alert as ever. “Those who had known him, either personally or by reputation, were frequently urging him to receive into his family their deranged friends, and he found it impossible to refuse their requests. Thus, even till within a few weeks of his death, his mind was occupied with the cure of that unfortunate class of persons for whom he had spent the best part of his life.”²

He was early made a member of the Massachusetts Medical Society, and later in his career, a

¹ Writer of the *Boston Courier* article, July, 1842.

² *Boston Courier* article, 1842.

fellow of the American Academy of Arts and Sciences; and in both associations was active to the end. Of the latter he was sometime an officer; while of the former he was president during his last two years, resigning the position within a month only of his death. He had in earlier years served it in the office of censor, and as a councillor. In 1830 he was selected to deliver the annual address before the society, when he took for his theme the study of his life, — “Mental Philosophy as connected with Mental Disease.” The following extracts from this discourse succinctly present the principles of treatment which he introduced into the McLean Asylum:

The treatment of insanity chiefly depends upon the connection between the mind and body. If there be inflammation of the brain, or its membranes, it is to be treated as inflammation of those parts. If there be other organic disease, whether of structure or of function, in any part of the body, medical treatment will be required. But in mental disorders, without symptoms of organic disease, a judicious moral management is more successful. It should afford agreeable occupation. It should engage the mind, and exercise the body; as swinging, riding, walking, sewing, embroidery, bowling, gardening, mechanic arts; to which may be added reading, writing, conversation, &c., the whole to be performed with order and regularity. Even the taking of food, retiring to bed, rising in the morning, &c., at stated times, and conforming to stated rules in almost everything, is a most salutary discipline. It requires, however, constant

attention and vigilance, with the greatest kindness in the attendants upon a lunatic. Moral treatment is indispensable, even in cases arising from organic disease.

In regard to medical treatment, I believe that purging, bleeding, low diet, &c., have been adopted with little discrimination. They are to be resorted to only when there is organic disease, which requires the "reducing plan." But these remedies, especially in debilitated subjects, are seldom useful in relieving mental disease. They are usually injurious, and frequently fatal. It is undoubtedly true, that impressions upon the alimentary canal by purging or vomiting, and upon the skin of the extremities by blistering, are useful in chronic cases of mental disorders. But these remedies must be suited to the strength and general health of the patient.¹

This discourse was subsequently published in pamphlet form. Another publication of his was a discourse on a moral question, as the title indicates: "Remarks on the Observation of the Lord's Day, as a moral, a positive, and a civil duty. By a Tythingman." It was printed in Cambridge by Hilliard & Metcalf, in 1816.

With all his activities grandfather's closing years were placidly passed in the Roxbury home. His family ties were strong and enduring. His interest in the welfare of his children and in the progress of his sons in their chosen professions or occupations, was constant, as his Diary attests. On

¹ "A Discourse on Mental Philosophy as connected with Mental Disease, delivered before the Massachusetts Medical Society, June 2, 1830, by Rufus Wyman, M. D."

Thanksgiving Day in the bad year of 1837 the satisfactory position of his family he thus recorded with gratitude :

1837. Nov. Th. 30. Chls Morrill & Jeffries to dine. Children all well. Rufus at Templeton trading in Co. with Col. Stone. Morrill in practice of physic at Cambridge; is doing a good business for the time. Jeffries in Boston, physician, waiting for business and dines at home. Edward in store Waterson, Pray & Co., Boston. Elizabeth at home. All good children. We have therefore cause of great thankfulness to God.

Four years later this Thanksgiving Day record appears:

[1841] Th. [Nov.] 25. Thanksgiving. Wife improves. Morrill is better. Rufus is in Templeton. Edwd & Elizabeth at home and well. Thus the anxieties I have felt and the sorrows I expected have been turned to joy for the prospects of returning health. Jeffries is in France, Paris, and prosperous in his pursuits.

His last illness was an affection of the lungs: an inflammation of the air-tubes. He had been subject to occasional attacks of this disease for some months, but they became acute only three weeks before his death, when he took to his bed. His departure was on the morning of the twenty-second of June, 1842, and so calm and quiet was it that, as related, a glass of water held in his hand was removed after his passing, still unspilled.¹

¹ *Boston Courier* article, 1842.

Grandmother survived him a year lacking exactly a month, her death occurring at the Roxbury home on the twenty-second of May, 1843.

Their children were: Rufus, Morrill, Jeffries, Edward, and Elizabeth.

FROM THE RECORDS OF THE TRUSTEES
OF THE MASSACHUSETTS GENERAL
HOSPITAL, 25TH JULY, 1913

THE Trustees of the Massachusetts General Hospital have received from Mrs. C. F. Walcott and Morrill Wyman a bronze bust of their grandfather, Dr. Rufus Wyman. They gratefully acknowledge the receipt of this permanent memorial of the first superintendent of the McLean Asylum, and have placed upon their records the following minute: —

Rufus Wyman was chosen in 1817 to be the head of the McLean Asylum. He entered upon his arduous duties with no similar undertaking in New England to guide him. He laid well and deep the foundations for a new class of public charities. With untiring energy and perseverance he made his work here the one great object of his life. He gave to a most afflicted class of his fellow beings the hitherto unexperienced benefits of a humane, sympathetic and hopeful treatment.

He brought out to the pleasant surroundings of the Asylum men and women who had hitherto received a care little, if at all, better than that given to the brutes.

A faithful and wise administrator, a good physician, a benefactor of his kind, he was honored in his lifetime, and the trustees of the Massachusetts General Hospital again place on their records this renewed expression of their appreciation.

JOHN A. BLANCHARD,

25th July, 1913.

Secretary.

DR. MORRILL WYMAN

1812-1903

MY father, second son of Rufus and Anna (Morrill) Wyman, was born in Chelmsford, July 25, 1812, and died in Cambridge, January 30, 1903, in his ninety-first year, with a record of honorable service as a practising physician and surgeon in Cambridge of more than half a century. When he was six years old his father removed to the Asylum at Charlestown, and there was his home for seventeen years, with the exception of his work as house physician at the Massachusetts General Hospital, until he began the practice of medicine at Cambridge, in 1837.

His early education was first at the town school of Charlestown, together with his brothers, Rufus and Jeffries; then in Lexington, under the care of the Rev. Caleb Stetson; then back in Charlestown, in a private school. A year was next spent at an academy in Chelmsford, and he used to tell of pleasant trips on the Middlesex Canal going up to Chelmsford, and of the locks at Woburn where the progress was so slow that, while the boats were being lifted, the passengers would go to an inn for lunch. His preparation for college was finished at Phillips Exeter Academy, to which he went with

his brother Jeffries in 1827. The two brothers entered Harvard in the class of 1833, and graduated together. Among their classmates were Professors Francis Bowen, Joseph Lovering, and Henry W. Torrey; Drs. John H. Dix and George H. Nichols; the Revs. George E. Ellis, Abiel Abbot Livermore, and Robert T. S. Lowell; Sidney Howard Gay, Fletcher Webster, Thomas Wigglesworth, Waldo Higginson, Charles A. Welch.

As soon as he was graduated he went to work as an assistant engineer employed in laying out the route of the Boston and Worcester Railroad. As he himself narrated in a brief autobiography contributed to the records of his class:¹

The next Monday morning after graduation I reported for duty as an Assistant Engineer on the Boston and Worcester Railroad to its Chief Engineer, Colonel John M. Fessenden. I was then not in good health, but my active duties as an assistant on a railroad on which no rail had as yet been laid, and the open-air life, were of great use to me. After a little more than a year's work, finding my health improved, and having earned sufficient money with economy to make it safe for me to attempt the study of a profession, in the autumn of 1834 I entered my name as a medical student with Dr. William Johnson Walker, an eminent physician and surgeon of Charlestown.

He left the survey against the earnest advice of

¹ "Memorials of the Class of 1833 of Harvard College, prepared for the Fiftieth Anniversary of their Graduation by the Class Secretary, Waldo Higginson." 1883.

his chief, who saw in him the promise of a successful career in the engineering field. His mind, however, was for the medical profession, for which he had the greater inclination, as his father before him. His studies, begun under his father, and finished in detail with Dr. Walker, his father's warm friend, he thus described in this autobiography:

Under Dr. Walker I studied in the usual manner of those days, reading such books as were presented to me, and seeing such cases as came to my instructor's office, and occasionally visiting with him a few of his other patients while making his usual medical visits. Listening to the observations and teachings of a most acute observer, and being directed to the best sources of information as to the particular case, I enjoyed opportunities now seldom offered to medical students. At the same time I attended the winter courses of Lectures in the Medical School of Harvard University.

In 1836 I was appointed House Physician in the Massachusetts General Hospital, residing within its walls one year, and was admitted to the degree of Doctor in Medicine at the Commencement following.

In grandfather's Diary I find these entries which fix nearly the date of this appointment:

1836, May. Mon. 30. Morrill came for certificate of his studies in Med. & Surg. that he may apply for the place of house physic. or surg. in the Hospital. I gave certificate, that he diligently studied under my direction from September 1st, 1834, to Ap. 30, 1835, & attended Med. Lectures during that time.

Sat. [June] 4. Morrill has applied to be appointed House Physician of the M. G. Hospital.

As house physician at the Hospital it was his good fortune to serve under Drs. James Jackson and Jacob Bigelow; while the house surgeon of his year was Dr. Samuel Parkman, who became his "intimate and much-beloved friend." At the time when the question of anæsthetics was being thought of, he and other of the house doctors experimented upon themselves by inhaling substances to render themselves unconscious.

Having received his degree, he came to Cambridge the following autumn, — on the 14th of September, 1837, — to establish himself in the regular practice of medicine and surgery; and with that date his active professional life began.

His start was modest. Under dates September 14 and 25 grandfather records in his Diary:

[1837. Sept.] Th. 14. Morrill left with John for Cambridge.

Morrill remains at Camb. & opens office. Cooks for self. Sleeps on sofa.

Sept. 25. Mond. Saw Morrill in Boston and agreed to answer for him to Brewer & Bro. for Instru^{ts} not exceeding thirty dollars in 6 mo. He has several patients (7).

I find in grandfather's Diary for 1837 and 1839 these pleasant entries:

[1837, July] Friday 28. Morrill & Jeffries at dinner. Wife says Morrill is engaged to the adopted daughter of Mr. Aspinwall.

[Aug.] Sat. 5. To Boston with wife & Elizabeth, & called on Jeff. where Morrill was waiting for them to visit with him Miss Pulsifer at Mr. Aspinwall's, Foster street. I got out at Post office & they proceeded to Aspinwall's.

Th. 10. Jeff. chaise to Boston. Morrill & Miss Pulsifer arrive in it at Roxbury, & return to Boston in it; & Edward takes it back.

[1839, August] W. 14. . . . P. M. To Boston & leave Elizabeth at Jeffries & take her bundle to Colo. Aspinwalls. . . . Get wife's gown at Miss Tollmans & Elizabeth sent out wife's cap — Home. . . .

6 h 30. Doggets carriage comes & Edward wife & self leave for Boston — Stop at Marlboro Hotel & see Colo Stone & wife who arrived Tuesday evening — To Colo Aspinwalls where Son Morrill was married to Elizabeth Aspinwall Pulsifer of Boston by Rev. Mr Parkman — Son Jeffries Bride groom & daughter Elizabeth Bride maid. Present, Edward, Colo. Stone & wife, Jeffries & Elizabeth, (Rufus could not leave Templeton) Colo. Aspinwall & wife, Miss Wilson, Mr King & wife, Jos. N Howe Jun & wife & daughter Martha & Mrs Harris (Mrs Morrill absent at Andover). 5 or 6 other persons were present — Arrived at 7½ h, ceremonies at 8 h — wine & cake — Leave at 9½ h — Take Colo. Stone & wife to Marlboro Hotel, leave them, & then home.

Elizabeth Aspinwall Pulsifer was a daughter of Captain Robert Starkey Pulsifer, a Boston shipmaster, whose ship had been held at Buenos Ayres by the Embargo Act, where he died June 28, 1833. My maternal grandfather was of a race of New England sea captains. He was in the fourth

generation from Benedict Pulsifer, settled in Ipswich in 1664, where in 1673-74, he married, second, Susanna Waters. From their son, Captain David Pulsifer, grandfather was in direct line. My grandmother Pulsifer — Betsey (Sprague) Pulsifer — was in the second generation from Nicholas Sprague, of Billerica, and his wife, Sarah (Walker) Sprague, whom he married in 1752. On the maternal side she was in descent from Joseph Walker, of Woburn, in 1669, and afterward of Billerica, and his wife, Sarah (Wyman) Walker.

Later, the Diary for 1841 contains this record of a Christmas visit of the Aspinwalls¹ and father and mother with their children to grandfather's at Roxbury:

[1841] Dec. 25. Saturday. Thermo. 30°. Cloudy. At noon Morrill wife & two children come, and directly after Colo. Aspinwall [and wife] to dine, & all leave at 9 o'clock. Children's names, Anna Morrill W., & Elizabeth Aspinwall W. Grows cold. Anna remained all night.

Sund., 26. Fair. Thermo. 16°. Edw^d & self to meet-

¹ My maternal grandfather, when on his latter voyages, left his daughter in the care of Colonel Samuel Aspinwall. He was one of those kind-hearted, whole-souled gentlemen of the old school, and his wife was a gentle, high-born lady. He was a mast-maker, and I remember as a boy seeing the long logs floating in the water, and enjoying the fresh salt air coming up to me. He was sergeant of the Boston Fusiliers, major of the Boston Light Infantry, and he served in the army for a short time during the War of 1812. The Aspinwalls had recently moved from Foster Street to Sheafe Street, in the North End of Boston.



Elizabeth A. Wyman

ing. Putnam preached. P. M. Edw^d & Elizab. to Cambridge and leave Anna. Self to meeting. Wife at home all day. Bartol preached. Edw^d & Eliz. return at 9 h.

At the time of his marriage father bought a house on Church Street, and there he resided till the close of 1860, when the family moved to No. 77 Sparks Street, which remained his home till his death.

Although, as Dr. Walcott has remarked,¹ father's early professional life was a very busy and successful one, he found time to give attention to various scientific matters. He was particularly concerned, from the outset, with systems of ventilation, and in 1846 he received the Boylston Medical Prize for an essay on this subject. The same year this paper, expanded, was published in a volume of four hundred pages, with illustrations of ingenious experiments, and was accepted as a standard work. Dr. Walcott² quotes the commendation of the book by Dr. John S. Billings, one of the best authorities on the question: "It is one of the most valuable that we have; it states the general principles of ventilation in a clear, concise style, and in a form which, as a means of instruction for the ordinary reader, can hardly be surpassed, and is one of the few books on heating and ventilation which advocates no patent or proprietary apparatus." In 1848 this

¹ In his memoir in the *Harvard Graduates' Magazine*.

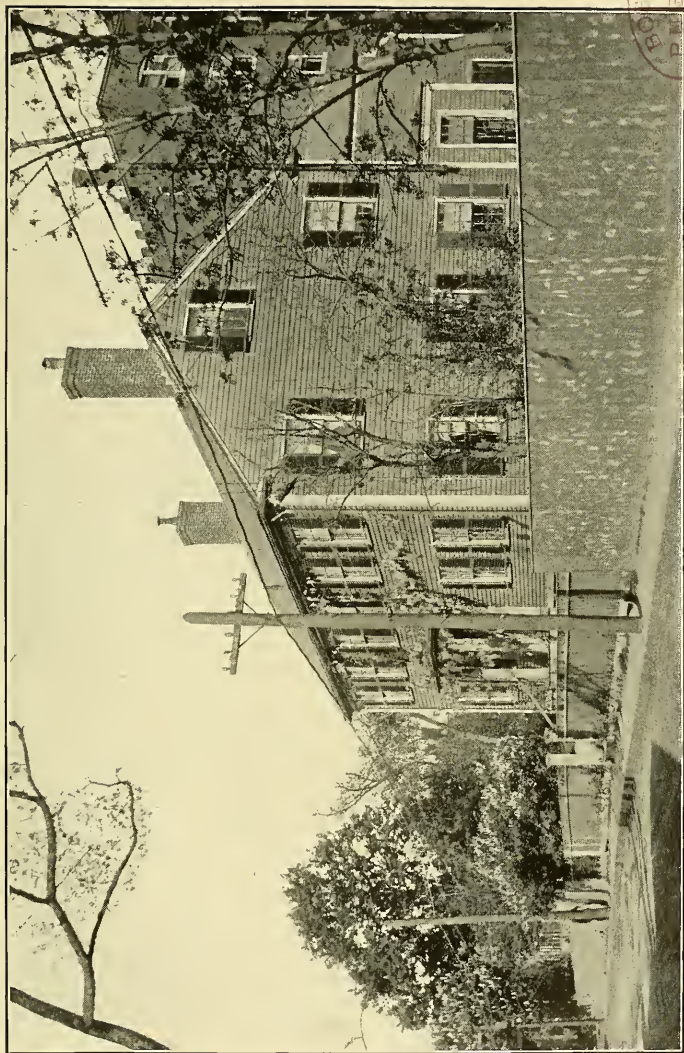
² Same.

was followed with the preparation of a Report, in behalf of a committee of the American Academy of Arts and Sciences (of which he was thus early in his career a fellow—elected June 9, 1843), on “Ventilators and Chimney Pots,” treating of various forms of outlet cowls for chimneys. This was published with the Academy Proceedings for that year, and Dr. Walcott observes is still quoted in the best treatises upon heating and ventilation.

In 1850 he invented and gave to his profession a great boon, in his method of removing fluids from the various cavities of the body, especially the chest, by which an operation before considered as always dangerous and often fatal, was rendered effectual, safe and almost painless. As originally devised, it consisted essentially of an exploring trocar and canula of a very small diameter fitted to an exhausting syringe. The circumstances of the first demonstrations of the method by him father related in technical detail many years after;¹ and I here reproduce this account in full as a matter of record:

February 13, 1850, Mrs. A. F., a lady thirty-nine years of age, generally healthy, after riding, with wet feet, in an omnibus from Boston to Cambridge, was chilly, had headache and pain in the back and limbs. Three days later, when I first saw her, there was oppression in breathing, dulness on percussion on the left side,

¹ In his tribute to Dr. Henry I. Bowditch, at a meeting of the Massachusetts Medical Society, March 16, 1892.



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egophony, absence of respiratory sound from the base of the lung to the lower angle of the scapula. No evidence of disease in the right lung. Diagnosis: pleurisy, with effusion in the pleural sac. The usual treatment gave but little relief. On the ninth day of the disease the pulse was 130 to 135, respiration was frequent, and there was a sense of suffocation and orthopnoea. The following night the pulse was 140, respiration 50 to 60, lips blue, hands and feet cold, with cold perspiration. Signs of increased effusion; the left pleural sac full, and the heart pushed to the right of the sternum. She was faint, requiring brandy and water; the pulse at the wrist at times scarcely felt.

So alarming was this state of things that Dr. John Homans, a distinguished physician of Boston, the father of the present eminent surgeon, was summoned. He arrived at four o'clock in the morning. He agreed with me as to the nature of the disease and the danger of imminent death. I proposed tapping the chest; we discussed it; Dr. Homans had never known it done in acute pleurisy, and I requested him to meet me again at 12 M., and give me his advice on this point. At noon of the tenth day of the disease, when Dr. Homans arrived, the symptoms were still worse. The respiration was short, frequent, and labored; pulse 144, small; the color of the lips and the coldness of the extremities indicated impending suffocation. The friends were again told of the danger of imminent death. They saw the terrible suffering; they were assured that the operation was almost certain to give relief, whatever might be the final result. Dr. Homans had consulted physicians in Boston; no one could from experience advise it. Nevertheless, under the present state of things, he advised it, and the friends consented.

The patient was, with Dr. Homans' aid, seated in a chair inclined to the right and the body bent a little forward. An exploring trocar and canula one-sixteenth of an inch in diameter was then passed by me through the intercostal space between the sixth and seventh ribs (counting from above) midway between the spine and the line of the axilla; it was pushed steadily on until its point moved freely in the pleural sac; withdrawing the trocar, twenty ounces of straw-colored serum were allowed to flow. The canula was taken out; the pain was slight, the patient expressed herself as much relieved, and she was laid in her bed. The following day she slept three hours, the first sleep for thirty-six hours; respiration 36; her hands and feet were warm and her color natural. Two days after the operation she had occasional paroxysms of dyspnoea, and at her earnest solicitation the same trocar and canula was passed near the same place as before. This time, the canula had fitted to it a pump, so arranged that fluid was continuously drawn through it without the possibility of the entrance of air, or any septic fluid. With this, ten ounces of clear serum were drawn with immediate relief to the patient. The recovery was steady; in about three weeks after the operation she was about the house; a fortnight later she drove ten miles in a carriage, and was soon no longer under medical observation.

Six weeks after this operation, April 19, 1850, Dr. Bowditch kindly invited me to visit with him a patient at South Woburn, a small village about eight miles from Boston. The case was printed by Dr. Bowditch in the *American Journal of the Medical Sciences*, for April, 1852. I copy his words:

"The following case came under my charge, and as it was the first case of which I had control, in which

Dr. Wyman's method was used, I shall enter into some detail.

"*Case I.* A. B., age twenty-eight, house-painter, I saw April 17, 1850, at Woburn, his place of residence. His history was as follows: Five weeks before, having been previously quite well, he was attempting to raise a ladder to the side of a house upon which he was working. By accident, the whole weight of the ladder rested upon him, and, directly after a great effort to sustain it, he was seized with a violent pain in the left side of the thorax. Some cough and hæmoptysis supervened, and he was confined to his room for nearly a fortnight, under the care of a homœopathic practitioner. At the end of that time, feeling better, and all his violent symptoms having subsided, he was allowed to go about and to transact business in Boston. In a few days he became more ill than ever, and was considered by his friends and physician to be dying of a 'rapid consumption.' At the end of five weeks from the first attack I was called. The patient was in bed, in a semi-recumbent posture, suffering so much from dyspnœa as to be unable to easily converse with me. His pulse was 120, quite small. He was extremely emaciated. His voice was clear and his countenance, though thin and expressive of suffering, had not exactly a phthisical aspect. It appeared that he had been unable to lie on his right side since his first attack, and not on his back until a week previous to my visit. Owing to the dyspnœa I did not ask many questions, but on examination of the physical signs, discovered as follows:

"Intercostal spaces of the left side enlarged. Total flatness front and back, even to the apex of the same side.

"Absence of respiratory murmur in the same parts,

save at the very apex. Distant egophony at the middle of the back. The heart was beating at the right of the sternum.

“My diagnosis was effusion of fluid. No *positive proof* of pulmonary disease.

“My proposed treatment, as the only means of saving life, was the puncture of the thorax.

“The friends objected but the patient consented, and allowed himself to be removed to another boarding house. Dr. Morrill Wyman, of Cambridge, I had previously summoned in consultation as I knew that he had operated a short time previously, with success, upon a case of acute pleurisy threatening suffocation.

“Dr. Wyman agreed with me as to the nature of the case and the necessity of drawing off the fluid. Accordingly, on the second day after our first examination, Dr. Wyman used an exploring trocar, with a strong suction-pump attached thereto. The patient was placed in a chair, and a puncture was made about four inches from the vertebræ and just below the angle of the scapula. Only a small quantity of bloody fluid exuded, although the trocar seemed to be introduced as far as prudence dictated. I will now simply state that we decided that it would be well to desist. The next day, however, having thoroughly examined the case, I summoned Dr. Wyman and told him another puncture was in my opinion necessary, and that I believed that the instrument could be introduced *capulo tenus* without danger. No fever symptoms, and only slight fatigue had followed the first effort. Two days subsequently, April 23d, we found more fulness and great tenderness of the left breast and side. The patient had perspired freely at night. His tongue appeared healthy, his appetite was good; he was somewhat costive. His cough had been less, and the expectoration

had been about two ounces of opaque mucus daily. Dr. Wyman operated a little back of the previous puncture, which was scarcely perceptible. Just before the operation was done a violent fit of coughing occurred in consequence of the effort needed to place him in a chair. The patient was completely exhausted and bathed in sweat. His pulse rose to 138, and he felt quite faint. We were obliged to allow him to lie down. After resting some minutes, he was raised again and nine ounces of pure pus drawn out through the canula. The patient bore the operation very well, was less fatigued than by the access of cough, and felt relieved in some degree of the oppression about the chest.

“From the time of the operation, April 23d, I date the commencement of his recovery, although there was no very sudden and decided improvement in any one of the rational or physical signs.

“June 25th (sixty-two days from the operation). Steady improvement; had gained five pounds of flesh in two previous weeks, and had worked for two hours upon his farm. No cough for two weeks. No pain or dyspnœa except a little on walking. He was, in fact, so altered in aspect that I did not recognize him on his entrance into my office in Boston.”

Dr. Bowditch's original notes of this case which I have been kindly allowed to consult, have this caption:

“The most important of my cases of thoracentesis was the one operated on by Dr. Wyman.”

These two cases were the first operated upon by what may be called the new method, that is, with the smallest trocar and canula practicable, with a suction-pump. I afterwards connected the pump and canula by a short flexible tube, with an inch or two of glass tube for inspection, and a catch to hold the piston when drawn out

to maintain the vacuum. It has been used in all my operations. Dr. Bowditch and others used a modified pump, but the principle is the same in them all.

With the signal success of these initial operations the invention's "place among the great gains to medicine in America" (the phrase is Dr. Walcott's) "was secure."¹

At a meeting of the Massachusetts Medical Society in May, 1851, father read a paper, prepared at the request of Dr. John Ware, the then president of the society, on his own experience in thoracocentesis since adopting his method the previous year; and Dr. Bowditch presented a similar essay on the same subject. The two statements gave the results of thirty-nine chests punctured: twelve by my father and twenty-five by Dr. Bowditch. In these thirty-nine cases the whole number of punctures was eighty-two: forty-seven by Dr. Bowditch and thirty-five by my father: and as father stated, in no one of them "could any injurious consequences be fairly attributable to the operation. It was, so far as we could see, harmless." Dr. Bowditch's paper was published in the *American Journal for Medical Sciences* in April, 1852, and was translated in Froriep's *Tages Berichte*, four months after, in Weimar. Father's paper was not printed; but he subsequently fully treated the subject in his annual course of lectures as

¹ Memoir.

Adjunct Hersey Professor of the Theory and Practice of Medicine in the Harvard Medical School, to which chair he was appointed in 1853. He also read a paper on thoracentesis some years after, at a meeting of the Middlesex South District Medical Society, cases in his own practice affording illustrations of his method. In 1884, Dr. Bowditch reported upon his experience with the method up to that time, as follows:

Since 1850, when I first began to operate with the fine trocar and suction-pump, I have had under my care two hundred and fifty-three patients with pleural effusion which required surgical interference; to relieve the fluid three hundred and ninety-five operations were done. The vast majority of them have been that by suction above named. In a certain number a permanent opening became necessary.

To these cases, my father, quoting this report, remarked,¹ should be added many more, judging from his own experience and that of others whose cases had not been reported. "Indeed," he now could say, "the acknowledged simplicity and safety of the operation satisfied the general practitioner, skilled in physical diagnosis, that he could himself successfully treat his patients without special aid. The merit of the method at first doubted and deemed 'imprudent' was thus established by a large experience."²

¹ Tribute to Dr. Bowditch.

² Same.

To Dr. Bowditch he gave the credit for doing more than any other to bring about this result. "Few can know," he said in the tribute from which I have quoted, "how earnestly he labored, almost to the end of his life, to disseminate the knowledge of the method. He at once saw its value and practised it. He brought the force of his position, his well-earned reputation in his specialty, and his characteristic enthusiasm, to aid in making known its usefulness. For this he deserves well of his profession and of suffering humanity."

"There is another side of his character that should never be forgotten," father as generously bore witness, "his generosity, his candid estimate of other men's works and qualities. Some years ago, when occasion was taken to congratulate him on his eminently successful professional life and his devotion to the interests of public hygiene, and to thank him for his many kindnesses, I received the following":

BOSTON, January 29, 1883.

DEAR DOCTOR:

Letter received. I thank you for it. In every paper I have published, or, at least, in the majority of my papers, I have endeavored to place your name as that of the person who first suggested the proper instrument for the operation of *tapping the chest*, which I had previously for many years ineffectually endeavored in *some way* to have done in cases where one pleura was full or nearly full of fluid. *I caught at your fine trocar and suction-*

pump, and what a blessing it has been, and will forever be, to mankind! No one, so far as I can find, ever thought of, much less proposed to the profession, your plan.

Very sincerely yours,

HENRY I. BOWDITCH.

In his brief autobiography prepared in 1883, father's simple record of his method closes with these words: "In various forms it has gone into general use, and has been applied to a much larger variety of cases than was at first suggested. I hope it may give relief and restore to health the subjects of disease long after my name shall have been forgotten."¹

Father was appointed Adjunct Hersey Professor of Medicine in Harvard College in 1853 to relieve Professor John Ware, then in infirm health; and during the year of Dr. Ware's absence in Europe he gave all the instruction in this department.² In 1856 he resigned this chair, and early in the following year joined my uncle Jeffries, and Professors Ware and Josiah P. Cooke, in the establishment of a School of Medicine in Cambridge. In this undertaking he was assigned to instruction in *materia medica* and midwifery; while my uncle was to treat anatomy and surgery; Dr. Ware, the theory and practice of medicine; and Professor Cooke, chem-

¹ "Memorials of the Class of 1833," etc., 1883.

² Dr. Walcott's memoir.

istry. Lectures were also to be given by Professors Lovering, Gray, Cooke, Jeffries Wyman, and Agassiz. The real inducement that led father to take part in this establishment was, as Dr. Walcott states, his desire to give his brother a somewhat larger field for the teaching of anatomy than that then offered by his college professorship. The school through its brief career enjoyed a fair measure of success, and Dr. Walcott remarks names in the list of students that became well and favorably known in many parts of the country.¹ It came to an end with my uncle's taking the curatorship of the Peabody Museum.

Father's association with the Massachusetts Medical Society, like his fellowship in the American Academy of Arts and Sciences, dated from early in his professional career, and he was long active in its councils. In 1863, he was chosen to deliver the Annual Address before the society, the distinction that his father had received thirty-three years before: and as my honored grandfather had made that the occasion for a discourse upon the special work and study of his life, father improved this opportunity to supplement his father's theme with a treatment of the broad question of "The Reality and Certainty of Medicine." This notable production Dr. Walcott characterizes as "a defence of his art, as one who knew it thoroughly

¹ Memoir.

and believed in it," with the generous remark that "there is not one in this long series of anniversary addresses more worthy of notice and faithful study."¹ The Address, together with a wealth of valuable notes as an appendix, was subsequently published in pamphlet form.²

This same year, 1863, father undertook, on behalf of the public, at his own expense, and on his own grounds at Cambridge, experiments on pleuropneumonia among cattle, then alarmingly prevalent, and at the close of the year made a report of results to Governor Andrew. Since this report of the first experiments ever made upon this disease is not readily accessible, I reproduce it:

To His Excellency John A. Andrew:

SIR, — In accordance with an intimation from your Excellency I have the honor to lay before you the following account of experiments in pleuro-pneumonia among cattle, made in Cambridge during the past year.

April 10, 1863, a letter was addressed to your Excellency asking leave to make these experiments at my own expense. This letter was referred to the Committee on Agriculture, and at a hearing before that Committee, April 16th, I was requested to state my reasons for undertaking the experiments. These reasons were briefly as follows:

¹ Memoir.

² "The Reality and Certainty of Medicine. An Address delivered at the Annual Meeting of the Massachusetts Medical Society, June 17th, 1863, by Morrill Wyman, M. D., of Cambridge." Boston: 1863.

1. Pleuro-pneumonia is now existing in Waltham.

2. It is admitted, by believers in its contagiousness, that there are two forms of the disease, one contagious and the other non-contagious, the symptoms and anatomical appearances of which are similar, and which cannot be distinguished otherwise than by the fact of transmission. Consequently, each outbreak of the disease requires examination.

3. Experiments upon the contagious, epidemic or local character of disease can only be undertaken at a distance from the place where the disease already exists. Just as the contagiousness or non-contagiousness of intermittent fever (chills and fever) could only be determined by experiments out of the place where it exists.

4. No experiments are known to have been made upon the disease now existing.

April 29. — I was notified that a Resolve had received the signature of the Governor granting me "leave to make experiments on pleuro-pneumonia among cattle, so far as relates to the laws of transmission, at his own expense," and directing the Cattle Commissioners "to place at his disposal cattle belonging to the Commonwealth, for this purpose."

May 12. — In accordance with this resolve, the Cattle Commissioners allowed me to take from a herd in Lexington a cow which had been sick but a few days, and which they believed to be in a good condition to transmit the disease. The cow was carried to Cambridge in a covered wagon, arriving soon after daylight, to avoid possibility of communicating infection on the road.

May 15. — Three cows were received from a herd in Waltham. One of them had been ill four days. The other two were never known to have been ill, although

they had been stalled in a barn with cattle ill with pleuro-pneumonia. They were supposed to be perfectly healthy. The sick cow was carried in a wagon; the others were driven, and arrived early in the morning.

May 22. — A cow and heifer were received from Maine, from a region in which pleuro-pneumonia is not known to have existed, and were brought by water to Boston.

The sick cows above mentioned were very sick, and exhibited unquestionable evidence of pleuro-pneumonia. They were kept entirely by themselves and not allowed to approach the place where the experiments were to be made. The experimental herd now consisted of seven animals, as follows:

Two sick cows, one from Waltham, and one from Lexington.

Two cows from Waltham, which had made a part of a herd in which pleuro-pneumonia existed.

One cow from Maine, four years old.

One heifer from Maine, about two years old.

One cow (a new milch cow), which had been owned by me two years.

As it was found impracticable to obtain any land upon which the experiments could be conducted, I selected my own grounds in Cambridge. Here a shed was built twenty-four feet long by twelve feet wide, open to the south, and closed upon the other three sides. The cattle were secured with their heads toward the open side. They were thus protected from sun and rain, and enjoyed a free ventilation. Around the shed a fence was built, to prevent the possibility of contact with other animals.

May 25. — The experiments were commenced by placing a healthy cow between the two sick ones. She

was fed very sparingly, to make her get her food from the two neighbors, by which she could be exposed to their breath as much as possible, and made to swallow any saliva which might be dropped upon the hay.

Each animal was exposed in this manner for twenty-four hours, some of them more. After all had been exposed, one of the sick cows was killed, and the existence of pleuro-pneumonia fully confirmed by examination after death. The amount of disease was large; both lungs were diseased; their substance and the pleura investing them. The disease was pronounced by those present pleuro-pneumonia, of the same character as that existing in Waltham and Lexington, and believed to be *contagious pleuro-pneumonia*.

The other sick cow was with calf, and was preserved for continued observation. The evidence of the existence of pleuro-pneumonia in this animal was believed by those present to be complete.

All these cows, except my own, were kept, after exposure, in the same shed, but were not allowed to come in contact with the remaining sick cow. They were fed on hay only. They were examined daily, and their condition recorded.

July 11. — Forty-eight days after exposure, the heifer from Maine, which had been recorded as well on the previous day, became sick; she lost her appetite; her pulse and respiration increased in frequency, and she exhibited other signs of fever. On the 13th, disease was discovered, by auscultation and percussion, to exist in the left side. In about a fortnight this animal had begun to recover her appetite and her pulse and respiration improved.

The other cows exhibited no signs of pleuro-pneumonia during the time of observation.

August 13. — The weather being very warm, the flies very troublesome, and the observations having now continued eighty days, the Maine cow, the Maine heifer, and the two Waltham cows, were driven to Brighton and there killed. Their appearances after death were as follows:

The Maine heifer was found to have well-marked pleuro-pneumonia of the left chest — the disease was subsiding; the other chest healthy.

The Maine cow perfectly healthy.

One Waltham cow healthy, except a slight adhesion over fifth rib on *left side*, and the spaces between the two adjoining ribs could be covered with the palm of the hand. This adhesion was old, of a date much anterior to the commencement of the experiments.

Second Waltham cow also healthy, except an adhesion similar in appearance, and equal in age and extent with that just described over the fifth rib on the *right side*. The lung had been mutilated by some one previous to my examination, but contained no evidence of recent disease. No part of the flesh of these cows was allowed to be eaten by any animal.

My own cow had continued perfectly healthy to this time.

The remaining sick cow had apparently recovered, and on the 31st of October brought forth a healthy male calf, which has grown well, and remains well. Her milk is rich, and of a good flavor.

Nov. 30. — This cow was again stalled with my own cow, to commence a new experiment.

It will be seen that the experiments with this herd are not yet concluded. The above are the facts thus far.

Conclusion. — It would be rash to draw general con-

clusions from an experiment so limited. The following are the results thus far obtained:—

1. Only one animal of the five exposed became diseased during an observation of eighty days.

2. The disease did not prevent the mother from bringing forth a healthy calf, which has continued healthy six weeks; nor has it prevented her from giving good milk.

3. It is probable the heifer would also have recovered.

4. In an economical point of view it would have been unwise, so far as this herd was concerned, to kill all the animals as soon as exposed; whether we have regard to the value of the animals recovered, or the number which *apparently* became diseased *in consequence* of exposure.

These are the conclusions to which a *believer* in the *contagious nature* of the disease would assent.

A believer in *epidemic* or *local* influence as a cause of the disease would object that the experiments are not conducted at a sufficient distance (six miles) from the place where it is known to be rife; that pleuro-pneumonia is epidemic among *pigs* in the immediate vicinity; that epidemic pleuro-pneumonia among human beings has been known to extend over the whole of New England and New York. In fine, that the herds of Waltham are subject to similar influences as those in Cambridge, differing in *degree*.

These experiments have been undertaken not without considerable expense and trouble; they are offered as a contribution to our knowledge of a most important disease among cattle, with the hope that they may be continued until definite results shall be arrived at, not only as to its contagion or non-contagion, but also with regard to other points interesting in an economical

point of view, and not less so as it bears upon the study of comparative pathology.

I have the honor to be,

Your Excellency's obedient servant,

MORRILL WYMAN.

CAMBRIDGE, December 31, 1863.

Meanwhile, father's counsel as an expert in systems of ventilation had been repeatedly sought. In 1863, — January 21st, — the trustees of the Massachusetts General Hospital passed a vote of thanks to him "for his careful examination of the plans of ventilation of the new Cottage for females in the [McLean] Asylum; for his valuable suggestions thereon; and as well "for the cordial interest manifested by him in the welfare of the institution."¹

Throughout the Civil War he was a strong supporter of President Lincoln, and did all he could to support the Union cause. He told me his name was called when he was marching in an abolition procession. On the Fourth of March 1861 he invited his neighbors and friends to be present at sunrise on the roof of his house, No. 77 Sparks Street, for the raising of a flag. Among the group were Charles Deane, Henry W. Paine, William Read, Charles T. Russell, and their families. As the flag was raised he spoke the following words:

"Where American liberty raised its first voice, and

¹ Dr. Bowditch's "History," etc., ed. 1872, p. 584.

where its youth was nurtured and sustained, there it still lives, in the strength of its manhood, and full of its original spirit. If discord and disunion shall wound it, if party strife and blind ambition shall hawk at and tear it; if folly and madness, if uneasiness, under salutary and necessary restraint, shall succeed to separate it from that union, by which alone its existence is made sure, it will stand, in the end, by the side of that cradle in which its infancy was rocked; it will stretch forth its arm with whatever of vigor it may still retain, over the friends who gather around it; and it will fall at last, if fall it must, amidst the proudest monuments of its own glory, and on the very spot of its origin."

May the Government, this day inaugurated, by its integrity, wisdom and firmness, put to flight disunion and treachery; may the Gorgeous Ensign of the Republic this day unfurled amid doubt and anxiety, bear for its motto *Liberty and Union now and forever, one and inseparable*.

CAMBRIDGE, Sunrise, March 4, 1861.

Mr. Read fired a gun as the flag was unfurled. My mother then served an old-fashioned breakfast.

We kept our flagstaff on the house and we raised the flag for any success for the North. One afternoon, I remember, an eagle came flying by and perched on the tip of the flagstaff looking north, then finally flew off to the north; when father said, "That is an omen — the eagle shows that the North is going to win."

One rainy evening when the Union army had lost a great battle, which I afterward learned was

the second battle of Bull Run, the old carryall was brought to the door. Father took the front seat beside his man, and I was given the back seat with mother. We drove to the rear door of the State House and father went in; and I remember that mother cried. The gaslight flickered; men were going in and out with a quick step. In about half an hour father came out, and whispered to mother. I afterward found out that father had offered himself as surgeon, but Governor Andrew had told him that his services would be more important at home. We then drove down to Tremont Street and by the Paddock Elms, where packing-boxes filled with hospital supplies were piled high.

Only a short time after his services were asked for in connection with the hospitals in the field, which he was desired to visit and inspect. This he did in November, as his notebook records in these words: "U. S. Sanitary Commission, 244 F St., Washington, D. C. M. Wyman, Cambridge. Inspection of Hospitals. Commenced Nov. 5, 1862. Ended Nov. 20, 1862."

His pass into Virginia to examine the hospitals I reprint below since it may be interesting as a war permit. The parts in *italic* were written in the printed form:

Washington D.C. Nov. 3, 1862

Dr Morrill Wyman Agt Sanitary Commifion & daughter
having furnished satisfactory evidence of *his* loyalty to

the Government of the United States will be permitted to pass within the lines of the United States Forces to & from Virginia for the purpose of Sanitary Inspection of troops &c

be good

This pass will ~~expire~~ until further orders.

By order JAMES S. WADSWORTH

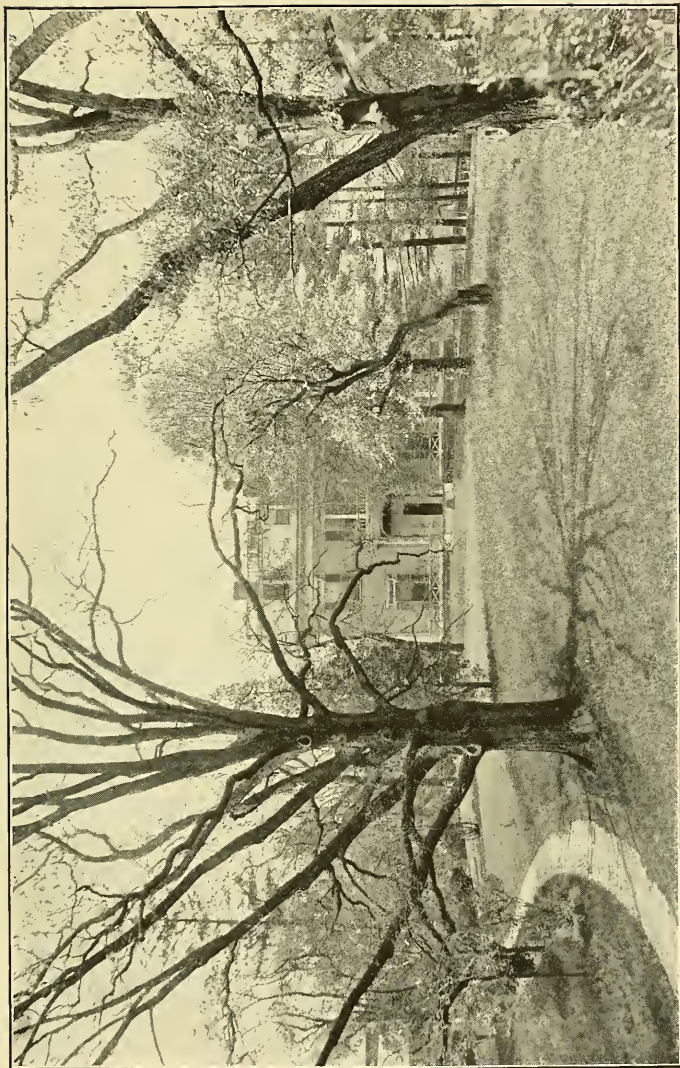
Brig Gen. and Mil. Gov. Dist. of Washington

[Signed] *T. E. Ellsworth*

Cap' & Aide-de-Camp

Later father served in the Home Guard which was commanded by his son-in-law, General Charles F. Walcott, between General Walcott's leaving the Twenty-first Massachusetts Regiment and being sent out in command of the Sixty-first Massachusetts. I was much interested in this company, and one day, when they had been ordered to do escort service for a man who had been killed in the war, I ran along a stone wall to admire their marching. Father was in the ranks, his eyes right ahead. However, when I returned home I received a lecture, — that it was not proper for me to run along a stone wall when a funeral procession was passing.

During the siege of Petersburg father went down to General Walcott's camp. Mother had had prepared and cooked a fine turkey which father carried down with him. It was duly delivered to William Morris, who was my brother-in-law's faithful servant during the war. He carefully hung it up by the legs. The next day when they enquired for



SPARKS STREET HOUSE

it, Bill said, mournfully, "That turkey has left its legs, sir."

At this visit father one day went out to the advanced picket line and calmly stood on a small earthwork, and with his field-glasses surveyed the rebel fortifications. Walcott afterward told me he was very glad when father got down; he himself would n't have wanted to stand up there with his uniform on. One night father woke up and heard much rifle firing. Wanting to know what was going on, he woke Walcott up. When Walcott quietly asked if it were raining, he said, "Oh, yes, then they're firing to keep the deserters off," turned over and went to sleep.

Father took me to see the great review at Washington at the end of the war. We saw the Army of the Potomac march down Pennsylvania Avenue company front, and Custer's cavalry with their red neckties. We afterward walked over the old long bridge, and about four miles into Virginia to General Walcott's camp. The next day father went on horseback to see Sherman's army come in; and the following day we walked back to Washington. Father said we would go over the pontoon bridge that he had crossed the evening before. We went along the main road and turned down a wood-road well cut up by wheels of artillery. When we reached the Potomac no bridge was there. It had gone in a night.

While faithfully performing the duties of the responsible citizen in municipal affairs, and ever ready to lend himself to good causes, father shrank from public office, and declined to serve in the local councils, except in one instance, when he accepted election to the School Committee especially to establish a humane reform. This came about through a campaign in 1866 directed by a number of citizens, among whom he was foremost with his close friend Dr. William W. Wellington, aroused to action for the abolition of corporal punishment of girls in the public schools in Cambridge. Into this campaign he threw himself with his accustomed vigor in dealing with matters of moment. It was brought about by the whipping of a girl of sixteen in one of the public schools in June that year, with the defence of this punishment by the School Committee as strictly in accordance with the rules yet in force for the government of the city's schools (despite the action of a previous Board (1864) against such punishment, and the popular supposition that, accordingly, it had ceased), and the Board's refusal, in response to a numerous signed petition of citizens, to abolish the obnoxious rule by which "any pupil, without distinction of age or sex, must be whipped whenever the principal shall determine, whatever the force required to accomplish it." The affair had "filled Dr. Wyman with a righteous indignation," and he

brought the matter to issue in a convincing address at a Republican caucus November 26th, when, with the help of those who thought with him, he carried through a resolution declaring the opinion of this meeting to be "that the corporal punishment of girls should be abolished in each and every public school in this city." At the succeeding city election in 1867, the character of the School Committee was changed, and the punishment was abolished with the establishment of a more humane rule by the Board of 1868. My father was a member of the Boards of 1868 and 1869, and as such was instrumental in accomplishing enlightened legislation. His interest in the public schools continued after his retirement from service on the committee. One of the public schools of to-day bears his name; another, that of his co-laborer in good works, Dr. Wellington. His address at the caucus of 1866 was subsequently published under the general title of "Progress in School Discipline." It was followed with a second address on the same subject, delivered before the American Institute of Instruction, in Boston, August, 1867; and the substance of both discourses was that year published in pamphlet form.

In 1871, he prepared another treatise on ventilation. This was in response to a call of the Massachusetts Medical Society, offering a money prize for an essay on "An effective and ready method of

ventilating sick-rooms, — one that can be put in operation at once, at the moment needed, with least difficulty and expense, in houses of ordinary construction.” Twenty-six essays were received in the competition. Father’s, signed “X. Y. Z.,” was given the award, as having met “all the requirements of simplicity, cheapness, effectiveness, and readiness of application.”¹ The writer refused to reveal his name and requested that the amount of the prize be applied to the cost of the essay’s publication. This accordingly was done. However, as Dr. Walcott remarks, for those who were familiar with father’s language and methods, the letters “X. Y. Z.” were “a thin veil before the man, who made it his business at all times to use a phraseology so plain that all might understand it.”¹

In 1872 he brought out a treatise on “Autumnal Catarrh” (Hay Fever), which discomforting periodical affection he had been the first accurately to describe eighteen years earlier, — in his course of lectures to the Medical School in 1854, — that description being drawn from his personal experience (for he, with some others of the family, had been a lifelong sufferer from it), and from a few cases that had come under his observation for treatment. In 1866, the facts then known to him were embodied in a paper which he read at the annual meeting of the Massachusetts Medical

¹ Memoir.

Society in Boston, in May; and it was then that he first gave the disease the name of Autumnal Catarrh, in this title adopting, as he explained in his treatise, the general nomenclature of Dr. John Bostick, the English authority, in describing the malady, which in its symptoms corresponds to this, as *catarrhus æstivus*, — Rose or June Cold, — which commended itself to his favor because it involved no theory as to the cause of the disease. In 1876, the treatise was issued in a revised and enlarged edition illustrated with four maps. The book was thus dedicated to his beloved brother, my uncle Jeffries: “To Jeffries Wyman, professor of anatomy in Harvard University, etc., etc., this essay is affectionately inscribed.”

In 1875, father was again brought into the service of the University with his election to the Board of Overseers. He was reëlected in 1881. He was a member of the visiting committee of the Overseers to the Medical School and active there till his retirement. Several of his reports as chairman of visiting committees of the Board to other departments of the University — the Museum of Comparative Zoölogy, the Lawrence Scientific School, the Bussey Institution — are preserved among his papers. In 1885, the College bestowed upon him its honorary degree of LL.D.

In 1872, he contributed to the *Atlantic Monthly* (for October), under the title of “Daniel Tread-

well, Inventor," an appreciative survey of the life and achievements of that remarkable man, and his long-time friend, whose death occurred the year before. In 1877 appeared his "The Early History of the McLean Asylum for the Insane," in which, "under a sense of filial duty," he presented the facts of his father's pioneer services as the first physician and superintendent of that model institution in developing and establishing the more rational and humane system of the care and treatment of lunatics than had hitherto prevailed; and which has taken its place as of first importance in the literature of insanity. In 1886, he prepared and delivered an historical address at the dedication of the Cambridge Hospital, April 29th, in the establishment of which he had taken a leading hand, and of which he was the first president of the Board of Trustees. In 1887, he contributed to the American Academy an elaborate "Memoir of Daniel Treadwell," his most extended work, which the following year was published in a sumptuous volume of two hundred pages, with portrait and plates; and was included in Part III of the "Memoirs of the American Academy of Arts and Sciences. Centennial Volume. Vol. XI." 1888. In his allusion to this work Dr. Walcott remarks: "Dr. Wyman had many of the qualities peculiar to his associate; the tendency of their minds was essentially experimental. Both had the ingenuity of the

mechanical inventor and the philosopher's passion for truth."¹

In 1888 his principal publication was a technical description of the Cambridge Hospital included in the Report of the Trustees for that year. This so clearly presents the arrangements of that institution, to the erection of which he gave so much care and attention, particularly as to ventilation and wholesomeness, largely the results of his study of hospital equipment, that I reproduce it here as a matter of record.

DESCRIPTION OF THE CAMBRIDGE HOSPITAL

The Trustees examined various situations for the Hospital, but found none offering so many advantages as that upon which it is built. The site has nine and one-third acres. The soil is dry, gravelly, or sandy. The surface upon which the present buildings stand is well raised above the crown of Mount Auburn Street; it is about twenty-five feet above the level of Charles River and sufficiently distant from its bank; it has a water front of five hundred feet. On the opposite bank is a park or meadow of seventy acres, given by Professor Longfellow and others to Harvard College, "to be held by the grantees as marshes, meadows, gardens, public walks, or ornamental grounds, or as the site of college buildings, not inconsistent with these uses." Facing the south the wards have the full influence of the sun and a free course for the very desirable southwest breezes of summer. The river in front and the meadows beyond

¹ Memoir.

effectually exclude all dust and noise from that direction, and the view is unobstructed to Corey's Hill, two miles away. In process of time, as the city increases in population, the number of wards must be increased, and for this purpose all the nine acres may be required; especially if, as has been suggested by the Board of Health, in their Report of 1885, we should need buildings for contagious diseases.

The Trustees, therefore, confidently hope that successive City Governments will carefully guard the estate from all encroachments and unnecessary roads, or any obstructions that will in any way diminish the advantages which all classes of citizens by their generous contributions have now endeavored to secure to the sick and disabled poor for all coming time.

The two wards of one story and the centre building of three stories form three sides of a hollow square, the opening towards the south (the axis of the buildings is but three degrees west of the north and south line). At the south end of each ward is a sun-room eight feet wide and extending across the whole width of the ward. Along the north end of the wards is a corridor, glazed in winter, which connects the wards with the centre building and protects all the rooms occupied by the sick and the hollow square from the cold winds of winter. This plan, known as the Lariboisière plan, seems to be as well calculated for this small hospital as it is for the large hospitals, for which it was first designed.

Each ward is 60 by 30 feet and 12 feet high, the ceiling higher in the middle than at the walls, giving 113 square feet of flooring, and 1356 cubic feet of space for each patient; it has ten windows. The sixteen beds are arranged with the head next the wall and about one foot from it. The door and windows of the south end of the

ward are near its middle; this secures the beds from troublesome draughts when they are open. The north end of the building is wider than the ward; in it are the nurses' room and the "tea kitchen," both opening into the ward; behind this is another room not connected with the ward, for a single very sick patient, so arranged that the friends may visit it without disturbing others. In the extreme end, at the north, separated from the ward by three doors in a corridor, are the lavatory, the bathroom, the water-closet, the linen-room, and the clothes-room. It will be observed that these offices are at the north, and the farthest removed from the sick. The arrangement of the nurses' room gives good opportunity for inspection; standing just outside the door of her room the nurse can see every bed and every patient without change of position.

The basement, eight feet high, extends under the whole ward, and has a cemented floor. It has sixteen windows, which, with a large door, give nearly one hundred and fifty feet area for the admission of air to each ward. It is kept free from dust and as clean as possible; no furniture nor anything else is allowed to be in it; it is the air receiver, or *air chamber* to supply air to the wards. It is well lighted, even by the direct rays of the sun (for darkness and dirt are apt to go together), and from May till late in September all the windows are kept open. It is intended by this means to secure sunlight and to keep the air as fresh and dry in the air chamber as the open air. The building rests upon a gravel and sand bank of many feet in thickness and a portion of the walls is aboveground. It is believed that the object has been attained, and that we have all the advantages sought for by placing the building on piers, entirely open to the air, while there is the additional advantage, essential in this

climate, of keeping out or controlling the admission of cold air in the winter. The attic is well ventilated by proper trunks through the roof. Just beneath the eaves, and protected from the rain, are fourteen openings on the several sides on a level with the floor, which are kept open all summer, and, as there is a free current of air, the ceiling of the ward, as is proved by experiment, is kept cooler than it otherwise would be. In winter they are carefully closed.

The Administration Building, 40 by 50, has on the lower floor rooms for the physician and the matron, a dining-room, a reception-room, an accident-room, and a dispensary. The second floor has five rooms for patients, a bathroom, and two other rooms. The third floor has six rooms, for nurses and others.

In the basement are the heating apparatus, the bath-boiler, the kitchen, the pantry, and the great ventilating chimney. The food is placed on a light carriage in the kitchen and trundled to the lift on the same level and raised to the "tea kitchen" in the ward. Speaking-tubes connect the ward with the kitchen, to which the nurses have no occasion to go, — an important arrangement.

The ventilation is by doors and windows, and by openings designed for the purpose. From May to September the ventilation by windows and doors is usually sufficient. There are two windows and a wide door into the sun-room. The ward has, beside these, five windows on each side; all have both sashes movable, the lower sash has a wide rail which allows the entrance of air between the two sashes midway, and above the upper sash is a board which directs the incoming air towards the ceiling and aids its diffusion. There are no double windows. In the middle of the ward is a large chimney with two open fireplaces and a ventilating flue between

their backs connected with the foul-air ducts to be described.

Fresh air, warmed or not, as may be desired, enters the ward from the air chamber, or from the outer air, or from both, through proper openings. These openings, ten in number, one under each window, are near the walls and controlled by valves which regulate both the quantity and temperature, and direct it obliquely upward towards the middle of the ward. Careful examination by an air-metre, made by Casella, of London, a present to the hospital by Mr. Edward W. Hooper, shows that through these ten openings 39,600 cubic feet of air have entered each hour (the quantity depending upon the wind and other causes), at a temperature sufficient to keep up the heat desired in the wards night and day, as will be seen by examining the tables of temperature.

Beneath each bed is a ventilating opening of fifty square inches area which connects just beneath the floor with a foul-air duct leading to the main ventilating chimney in the centre. This foul-air duct, varying in size in proportion to the number of inlets, is of wood, lined with soldered zinc plates; a portion of it, to equalize the draught, is divided in two by a horizontal plate of zinc, and is controlled by a valve. The ventilating chimney has an area of sixteen square feet and is sixty feet high. It contains the smoke-pipe, twenty inches in diameter, from the boiler, and the flue from the kitchen range, which surrounds and heats the soil-pipe upon which depends the whole system of sewer ventilation within the walls of the Hospital. Through each of the openings beneath the beds about two thousand cubic feet of air is drawn each hour, as shown by the air-metre, and through the sixteen openings in forty minutes

an amount is drawn equal to the cubic contents of the ward; the amount, however, varying, like the entering air, with the wind, temperature, and other causes. The wooden covering of the zinc plates of the ducts is intended to keep the foul air warm in winter till it reaches the ventilating chimney, the draught of which is thereby increased. Although no exact observations have been made, it is believed the air does not lose more than five degrees in its passage. Through the large ward chimney much air also escapes, varying with the fire in the fire-places. In the ceiling are two openings of sixteen feet area each (reduced by ornamented screens at the mouth to about ten feet) which connect through trunks directly to the open air. An unascertained amount of air also escapes through the porous ceiling, estimated by some to be one-half that escaping in other ways in an ordinary house. That this quantity is considerable is demonstrated by the marking of the ceiling of a smoky room. The dark color indicates the part against which the smoky particles have been drawn and the lighter color the limits of the obstruction to the draught through the ceiling caused by the furrings above.

That disinfectants for solids and liquids exist may be admitted, but disinfection of respirable air by the diffusion in it of disinfectants must be difficult, if not impracticable. To conceal a disagreeable odor by another is one thing. The problem of destroying a poisonous gas in respirable air by a disinfectant without injuring the qualities of the air has not yet been solved. The addition of a disinfectant to *pure air* is of itself a contamination. No way has yet been discovered, nor is it probable any way will be discovered, better than to remove the vitiated air from the place where it is formed before it has contaminated the surrounding media, and replace it

with pure air. For this and other reasons it is that, in addition to the means for the general ventilation of the ward just described, an opening is made under each bed connected with the foul-air duct beneath the floor to draw off the vitiated air coming from the mattress and the bedclothes and other sources and supply its place with the purer air from the ward. Cleanliness and ventilation are the best of general disinfectants.

But the bed itself is sometimes filled and the clothing is impregnated with poisonous or offensive gases which escape into the room in consequence of the movements of respiration and other causes and contaminate the air in the vicinity in a manner and to an extent that no ventilation of the room generally removes. To prevent this the opening beneath the bed is fitted with a cover from which a four-inch jointed pipe of tin plate is led around the side of the bed and into it beneath the clothing. The pipe is lengthened with another of the same size of pasteboard, or other non-conductor of heat, reaching to any part of the bed. By this simple means foul air is removed as fast as formed, fresh air drawn in, the bed kept free from odor, and the patient's body is no longer surrounded by contaminating gases liable to be inhaled or absorbed by open wounds or abraded surfaces. Further, a two-inch flexible pipe adjusted to that just described and slipped over the handle of the bed-pan when in use carries off and prevents the escape of odor from that also. Similar means connect the beds in private wards with the chimney of a common fireplace up which the pipe reaches about four feet to insure a good draught with a moderate fire; the part in the chimney is of block iron. In summer a kerosene lamp is easily arranged and is a good substitute for a fire. This is as well fitted for a private house as for a hospital.

The advantages of such an arrangement in cases of offensive cutaneous exhalations of sloughs, foul ulcers, cancers, and in fever with frequent digestions, are obvious. If odors do not pass from the bed it is fair to infer that contagia do not pass. It may be supposed that the passage of air through the bed will cool it too much; should it do so, hot water bottles in the bed will obviate it. Practically, it does not; probably the quantity of air passing through the bed is much the same as in beds ordinarily, at the same temperature of the room, but in different direction.

The sun-room, which has given great comfort to the patients, is warmed by three rows of hot-water pipes near the floor; these, with the heat of the sun, have been sufficient. Of the good effects of direct sunlight there is no question. It is also an important aid to ventilation. It will be remembered that the south end of the ward is principally taken up with a large door and two windows with transoms, outside of this the sun-room. The roof and sides are glazed with frames, to be removed in summer. Three of these frames, which form a part of the east, south, and west sides, are hung on hinges, and are of the full height of the room. By means of these the sun-room may be made a wind-sail, nautically speaking. By opening the windward sash (curtains may be substituted), the others remaining closed, a large quantity of air may be driven from the warm sun-room through the ward along its middle space and out at all the ventilating openings, which are then thrown wide open. During this process the patients are secured from uncomfortable direct draughts by the position of their beds, near the walls out of the range of the incoming air, and also by such additional clothing as is required. This is done every morning after the wards have been cleaned and

all soiled clothing removed, and is called "flushing the wards." The temperature falls during this flushing, but it is for a short time only; the hot air is constantly coming in, and the walls retain their heat and soon warm the air again.

Various chemical processes have been suggested by which to judge of the purity of the air. They are generally neither prompt nor easy of application by nurses, upon whom we must rely. A good practical test of the amount of animal effluvia, and this is what we want to know, is the sense of smell of a healthy person just from the open air; at any rate this is the test by which our visitors will judge of the condition of our hospital.

HEATING

The heat is from two forty-two inch tubular boilers of forty horse power, twelve feet long, in the basement of the centre, supplied with rain water from the cistern or from the city main; but one is used at a time. From the top of the boiler a four-inch pipe, covered with felt-ing, leads to the front of the centre and divides, a branch running along the ceiling of the corridor to the air-chamber under each ward; through the whole length of this air-chamber it passes, giving off a pipe to each heating-box, eleven in each ward; from these the water returns by a four-inch pipe in common, near the floor, to the boiler. The heating-boxes are just beneath the ward floor and receive air from the air chamber or directly from the outer air and deliver the warm air into the ward by vertical registers near the wall about eighteen inches above the floor, one between each two beds. A very simple valve regulates the heat. The two fireplaces in each ward have done good service; they are used in spring and fall, when the boilers are not in operation. The fuel is

burnt less economically than under the boilers, but the aid to ventilation, the additional comfort and home feeling to those clustering about the fires, is a full equivalent for the additional cost of the fuel.

The air chamber is important for the heating of the wards; it equalizes the amount of air entering the registers whatever be the direction of the wind. An air trunk common to all the registers and giving off successive branches to the heating-boxes seldom does this satisfactorily. Air taken from opposite sides of the building and exposed to different forces is still less satisfactory; it may even bring about a state of things by which air entering on one side of a room is driven out at the opposite side, doing little towards warming or ventilating it. The air entering the chamber is under complete control. It is also, to a limited extent, a heating-chamber. The floor is cemented and clean; the cold air as it enters descends to the floor. The floor, exposed as it is to the summer temperature, is for a time warmer than the incoming air, and gives up to it as it moves over the floor an appreciable amount of heat, while the floor itself receives heat from the earth below during the winter.

It may be thought a waste to give up so large a space to the air chamber. It has not proved so. It is no small advantage to have all the heating apparatus of pipes and boxes and their valves under inspection, at all times, so that all leaks and derangements may be repaired without disturbing the wards above. It may be thought, too, that heat is lost by radiation and convection from the galvanized iron heating-boxes; this is true, although the side next the wall is well protected by thick layers of felting. But as these boxes are placed as near the ward floors as they can well be, the heated air stays close to it

and keeps it warm. The temperature in the basement, near the ward floor, is usually between sixty-three and sixty-five degrees, while five feet lower it is about fifty degrees, and at the floor about ten degrees less. The ward floor, therefore, is kept at about sixty degrees.

It is a question whether the heating-boxes should be covered with some non-conducting substance or not; if they are covered the floor will not be so warm nor will the feet of those in the ward be as comfortable.

The centre and vestibules and passageways of all the buildings are heated by direct radiation. The apparatus is fitted for hot water or steam. Generally hot water has been used under a pressure of twenty to thirty-five pounds to the inch and a boiler temperature of about two hundred degrees. Hot water is much more equable in its actions than steam and requires far less care. Fires *banked* at 9.30 P.M. keep the heat well up till five o'clock the following morning. In very cold weather, steam at low pressure is used, principally because of the faulty construction of the radiators in the heating-boxes; the surface is sufficient, but the water does not circulate so as to give out the heat properly. A continuous pipe does equally well for steam or hot water, and is therefore better than any pin radiator.

DRAINAGE

The waste water from the bathrooms, water-closets, slop-closets, the lavatory, and from all other sources, is collected in a six-inch iron soil-pipe, and is conducted about ten feet beyond the walls of the building; here is a water-trap, and a few feet further the soil-pipe enters an earthen drain-pipe and reaches Charles River, eight hundred feet distant, just at the mouth of the public sewer. Within the building the pipe has, at short dis-

tances, openings for inspection of its interior and for cleaning. That part which is under the floor of the basement is laid in a brick and cement trench covered with movable stone flags which give easy access to every portion of the exterior. Before it leaves the building a six-inch branch pipe, for foul air, goes from it to the top of the great chimney. This last pipe is surrounded by an iron jacket ten inches in diameter into which enters all the waste heat from the kitchen range and the bath-boiler and keeps up a constant and good draught in the foul-air pipe. There is no air-trap within the building. All the various pipes that enter the soil-pipe are open, and air is constantly flowing through them into it; all the water-closets empty into it through four-inch openings with a good rush of water from a tank in the usual way. The ventilation of the closet is by a two-inch pipe which leaves the hopper just under the seat, passes round and below the trap, and immediately enters the soil-pipe. All openings, therefore, are under the control of the foul-air branch of the soil-pipe, and the draught through them equalizes to a degree hardly to be obtained at the same cost through many independent outlets. The soil-pipe serves a double purpose, therefore: it conveys all sewage to the river and all foul air to the top of a chimney sixty feet high. It has never been obstructed; it has never failed in its actions, and no odor escapes from it, even when the openings are uncovered for inspection.

Ten feet from the building, where the soil-pipe enters the earthen drain-pipe, is a man-hole, and here about two feet of the upper surface of the drain-pipe is removed, and the interior left open for inspection; the remainder of the pipe has, at intervals of thirty feet, ventilating tubes reaching to the surface of the ground. The sewer

into which the drain-pipe enters will, when the intercepting sewer is built, deliver into Charles River storm-water only.

In all that relates to the ventilation of a hospital it must be borne in mind that we have to deal with a pneumatic apparatus which must be managed with intelligence and is liable to be deranged by various conditions constantly changing, both within and without. It may be improved and simplified, but it cannot be made automatic.

LAUNDRY

The laundry is seventy-two feet from the other buildings, in a secluded position, under a bank facing the south; it has a coal-room, a wash-room, with five stone tubs, and a wash-boiler, a drying-room, and an ironing-room. The clothes-yard is directly in front at the south, and protected from the strong winds. Rain collected from the slated roofs has, thus far, furnished without pumping enough clean water for laundry purposes.

Soiled linen is brought daily; that least soiled is kept separate. This is well soaked, boiled, washed, and rubbed with soap and water upon a wash-board after the usual manner in well-regulated households; it is then well sunned and dried in the open air, and ironed. The rest of the linen is divided into two parcels. That most infected with blood, pus, and fæces must be got under water at once; all contagia are thus secured for the time at least; they cannot be blown about, and they are at the same time on the way to disinfection — for water is one of nature's disinfectants. They cannot at once be boiled, for that so fixes stains that they can never be removed. A disinfectant is usually aimed at a certain poison which it may destroy, but it should not delude with the idea that it will neutralize all the manifold causes of unclean-

liness; these must be removed and attacked as vigorously as ever and much after the old way. Real improvements in domestic economy are of slow growth and rare compared with attempts that fail. Our chemical and mechanical appliances should cleanse without injury. Cotton and linen can be boiled and washed, and that is the end of all infection from them; no infection can withstand a continued moist heat at 212 degrees. Woolen goods cannot be boiled without injury to their color, their texture, and their utility. They may be fumigated with sulphuric acid, but we must rely principally upon the immense advantages of soaking in plenty of cold water frequently renewed, and thorough rubbing and washing with soap and warm water. With these processes well carried out, the particular disinfectant is less important.

For the linen and cotton most soiled, after their first soaking in the soaking-trough with cold water frequently renewed and treated with a disinfectant, if need be, they are well brushed with a broom, frequently rinsed with mechanical agitation, boiled, well rubbed with soap and water on a wash-board, wrung out, exposed to sun and air on lines or on the grass, and then ironed. This is the best treatment the Hospital has thus far been able to devise that will be acted up to without too great injury to the property intrusted to its care.

For the daily airing of the bedclothing, besides that usual upon clothes lines, there is a special apparatus for airing mattresses, a part of the bed that most requires the purification by sun and air, and yet rarely receives it. Near the laundry is a lattice about two feet from the ground, inclined towards the south and protected from the rain by a glazed roof, but otherwise open on all sides. On this lattice several mattresses at a time are exposed

to the direct sunlight and air, and frequently turned. There is also an *airing cage*, with a pivot at each end, in which a single mattress may be placed and turned by revolving the cage.

Typhoid fever is the only contagious disease admitted to the Hospital. It is treated in an isolated room, a corner room with two windows on two sides, with an open fireplace, free admission of fresh air through the proper openings, the removal of air by the foul-air duct under the bed and from the interior of the bed by the means already described and by the windows and the chimney. All excretions are immediately removed and thoroughly drowned in an abundance of water and the bed-pan washed with a hose and a rush of water in a large copper vessel constructed for the purpose. The bedclothes are as frequently sunned and aired as circumstances will allow, or changed. The removed clothing, if much soiled, is treated with some disinfectant, soaked in cold water, rubbed with a broom, frequently rinsed, boiled, scrubbed on a wash-board with soap and water and exposed to the sun and air on lines or on the grass. On the termination of the case, the linen is removed, the room swept and, with the bedstead, washed; the mattress and the woolen clothing fumigated with sulphur in the room, which is closed for two days. The windows are then kept open and the sun and air admitted as long as the demands upon the room will permit.

No case of typhoid has originated in the Hospital.

It is the intention of the Trustees to supply, by all the means in their power, such arrangements, architectural and economic, as will enable the physicians to make successful their charitable and skilful efforts for the relief of the sick.

In the nineties father's published papers embraced his appreciation of his lifelong colleague, Dr. Bowditch, in which was included his narrative of the first applications of his method of tapping the chest, quoted in foregoing pages, and which closed with this beautiful sentiment: "I am reverently thankful to the Disposer of Events that my days have been so lengthened that I can offer my grateful tribute to the noble, truthful, and generous character of Henry Ingersoll Bowditch"; an essay on "Experiments and Observations on the Summer Ventilation and Cooling of Hospitals," presented to the American Academy in 1894; a treatise on "Cottage Hospitals," read before the Cambridge Society for Medical Improvement, and published in the *Boston Medical and Surgical Journal*, from which it was reprinted in a small pamphlet; and a "Memorial of William W. Wellington, M.D., of Cambridge," read before the Cambridge Medical Improvement Society in 1896, and subsequently printed in pamphlet form.

His last publication, made in his ninetieth year, was a well-printed, and illustrated, little volume, under the title of "Animal Mechanics. By Sir Charles Bell, K.G.H., F.R.S., L.&E., and Jeffries Wyman, A.M., M.D.H.C.," being selections from the writings of these two eminent scholars, "re-printed as worthy the serious consideration of all those in preparation for their life pursuits." Also,

in 1902, he prepared and read at a parish meeting of the First Parish Church, of which he had been a member throughout his residence in Cambridge, an earnest plea for a stone structure, if the old meeting-house was taken down, and the parish could afford it, supporting his argument with much historical data. He, however, later became doubtful whether the parish could afford such a structure, and favored the proposal to repair the present building. Four years before, he had been instrumental with others in preserving the old meeting-house which was threatened with destruction.

At the time of his death he was engaged upon a work of large importance which he had hoped to complete before he should pass away. This had been begun as a "Life" of his observing instructor, Dr. Walker, but as it progressed it developed his thoughts on the general "Progress of Medicine," and that, accordingly, became his theme. Although there is much of great value in the work so far as he was able to carry it, I felt, after consultation with him, as he himself thought, that it could not be published in its incomplete form.

Up to the age of eighty-five, father remained in active practice. In his seventy-fourth year he had endeavored to withdraw as a family physician and limit his service to consultations, and to this end he issued the following farewell card to his patients:

DR. MORRILL WYMAN
has withdrawn from the duties of a
Family Physician and will visit
in consultation.

CAMBRIDGE, January 1st, 1886.

But this he was not permitted to do, especially by his old patients. And when at eighty-five, although yet vigorous in body and mind, feeling that he should no longer be subject to calls for professional service, he retired to private life, he still continued attendance upon a limited number of his old patients. The last entry in his daybook which I find is of date June 18, 1902, when he was nearing ninety. "Rest, in the sense of inactivity," however (I quote again Dr. Walcott's true words), "was not possible for him; and his activities had always some definite and useful object in view. It might be an observation upon the ventilation of the hospital, or possibly he was busy over some disabled mechanical contrivance which his deft hand could still correct." "A few weeks only before his death he was busy measuring with an anemometer the air currents in various portions of the Cambridge Hospital."¹

His only relaxations of any extent from the pressure of his arduous practice had been in occasional vacations in Europe, necessarily brief. The first of these was made in 1853, and was the first

¹ Memoir.

respite he had permitted himself since his establishment in Cambridge sixteen years before. But these journeys were by no means devoted wholly to rest. Much time was given to professional investigations. His interest in the care of the insane, particularly in the treatment of violent cases, was constant, and visits to foreign hospitals were features of these trips. He examined critically the padded rooms when newly introduced. As boy and young man it was my privilege and pleasure to accompany him on his travels, and I recall many instances of the keenness and the practical method of his investigations. I remember, on one occasion of our visits to an insane asylum, an incident which amused me. I was standing a little apart from the group when I heard a woman's voice at my feet. I looked down and saw a woman crouching there. She was gazing up at me, wide-eyed and exclaiming, "Oh, my! Oh, my! Oh, my! Look at the steeple of St. Giles!" I was then tall and slender. On one of his later trips father interested himself especially in the management of English hospitals for contagious cases, and went to Gravesend to inspect the smallpox hospital. Putting on clothing for the purpose and under the physician's care, he was allowed to examine the cases, which he did with his accustomed thoroughness. At another time he took me down to Woolwich to see them make cannon. The manner of construction was the same,

except for modern methods, as described by him in his memoir of Daniel Treadwell.

The circumstances of his last trip in his vigorous old age well illustrate his grip on life. One afternoon I came home from Boston, to his great gratification, for, he said, he had been trying to find me. He had decided to go abroad, and we would sail immediately. I told him I thought we could n't get passage within two days of the steamer's sailing. He replied simply, "I think we can." The next morning we drove into town. We went to the office of the steamship company, and were there told that the staterooms were all engaged. "Well," said my father, undismayed, "I want a stateroom on that boat." The clerk pondered. Then he proposed, "We might give you the captain's stateroom on the upper deck by the chart-house." He took it, and we sailed the next day.

About three weeks before his death he said to me, "I'd like to go abroad. I will give you a full letter of credit, and leave everything to you. I don't want to think of anything. I want you to take care of me. Go ahead, and let us enjoy ourselves." I went into Boston and selected staterooms on one of the steamships. On the day of his death the plan of the staterooms was lying on his desk with the ones which we had selected marked.

Father used sometimes to camp on the banks of the Peabody River, in the White Mountains, in the

period of his autumn colds. They were delightful, health-restoring outings. As illustrative of one of these camps I quote in part from a journal which he kept at the time, entitled "Journey to White Mountains to avoid Autumnal Catarrh."

CAMPING ON THE PEABODY

1867. *Aug. 23* . . . Our trunk containing our tent and its fly with cooking utensils was taken from Mr. Cutting's wagon, who kindly allowed a good deal of time in prospecting and putting our carpet bags and haversacks on the ground. We paid him \$3.00 for his services and sent \$1.50 to Mr. Stiles, for whose dinner we had forgotten to pay, and dismissed him, with letters for home.

Immediately set to work clearing the ground and pitching the tent. This was not accomplished before it began to rain, with thunder and lightning. The ground, however, was covered so that we did not get wet. Gen'l Walcott finished driving the tent pins in the rain, and we huddled our goods and chattels in under cover as fast as possible. It was now nearly dark and we set about getting supper. But everything being wet we could not build a fire, and were obliged, after a considerable delay, to pitch the fly and protect the fireplace from rain. At last we succeeded, made our fire, boiled our coffee, and ate our supper. We then spread our india rubber upon the ground, and wrapping ourselves in our blankets, Morrill in the middle, went to sleep. It rained hard all the first part of the night, but towards morning, cleared up so far that we could see that the clouds were thin and gave promise of a pleasant day, or at least a day without rain. We named the Camp, "Camp Anstace."

Sunday, Aug. 25. — After breakfast we decided that our ground was too limited, that we were too near the road, and it was difficult to get good firewood. Gen'l Walcott crossed the river and examined the North Bank for some distance. I soon after went over, and we picked out a rocky knoll eight or ten feet above the level of Peabody River, and nearly opposite our first ground, "Camp Anstace." The knoll was covered with small wood and very rocky, evidently the débris of successive freshets which have washed over it and even farther from the banks of the river leaving much dry wood here and there among the trees well suited to our purpose. The prospect on the knoll was rather discouraging, but it is dry and that is very important. We went to work, cleared away the trees, rolled away the large stones, and prepared for a floor by cutting down some birch trees for sills. We found some boards, and "slabs" and carried to our knoll, and soon nailed down a rather rough but serviceable floor. The next operation was to transfer our tent and goods across the river. We dined at our old ground, and then set to work to build a bridge across the main branch of the river, which is here divided into two streams by a small island covered with bushes; the smaller branch to be fitted with stepping stones. The last Gen'l Walcott and Morrill accomplished; the General rolling up his trousers and Morrill entirely removing his, while I contented myself with standing upon the bank and handing or throwing stones to raise a pile above water. For the other branch we found a piece of drift timber a foot square and about twenty-five feet long, which we floated down the river, and got upon the rocks. This bridged over a wide space of swift but not very deep water. The remainder was managed with "slabs" and stones, till the whole was accomplished.

The small articles were now transported, and Morrill relieved of his duty as watchman at the tent. After the small articles were carried over, Gen'l Walcott took the tent, properly folded, and passed safely across. Lastly the trunk was transported. This had been prepared by lashing the handles to a strong pole, one of the "fly" poles, and, each taking an end of the pole, we got it down the bank, over the stepping stones and bridge; and finally it was safely deposited upon the knoll. The tent poles were transported, and we were ready to pitch our tent. That could not be done in the ordinary way with pins on account of the rocks. The General contrived a plan which succeeded finely. Two stakes three feet long with forked ends were firmly fixed in the ground one at either end of the tent and about six feet from the side. Upon these a strong pole was laid, and to this the cords of the tent were tied. The same was done for the opposite side, and the tent pitched. The floor is carpeted with hemlock or spruce boughs about eighteen inches long with the butts of the branches tucked under birch poles running along the walls of the tent upon the floor. These boughs are laid like shingles, the smaller of the ends of the branches covering the butts, and make quite a good sleeping place. Upon these the india rubber blankets are laid and the bed is complete. We had a comfortable supper and went to bed. The day has been pleasant, and although it is Sunday we felt that the securing of a good dry and healthy location warranted the transferring of our tent and the work it required.

Monday, Aug. 26. — Pleasant day. Awoke at daylight, and before sunrise had a fire built. The mountain which lies just in front of our tent and of which the open space of the river gives a fine view, seems but a mile or

two away, and fills up the whole field in that direction. It is a magnificent object. The limit of vegetation is strongly marked and its bare summit is in full view. Wrote a letter to my wife and sent it down by the mail carrier. To-day there are no clouds. The sun is clear bright and its rays come down with a scorching heat. The day is spent in finishing up the tent and its surroundings, removing stones, and building a couple of fireplaces. This is principally done by Gen'l Walcott, as everything else is. For myself, although I have no signs of my cold, I do not feel strong, and to-day I am inclined to sleep a greater part of the time. Gen'l Walcott shot some small birds, but though small we are very glad of them.

Tuesday, Aug. 27. Awoke half an hour before sunrise, and after making a fire, set out to look up game along the road. Gen'l Walcott went west and I went east. I saw nothing but one robin on a tall tree. My gun missed fire and the bird escaped me. Gen'l Walcott got a squirrel. In the course of the morning Gen'l Walcott made preparations for a visit to Gorham to see what had become of our letters of which we had received none. Washing and shaving and dressing accomplished, and Morrill put in good order with a white new collar, they left me, promising to eat a hearty dinner and return in the afternoon. I immediately took a nap; ruminated; and made a good solid table, of which we stood greatly in need. The top is of a piece of driftwood and the legs of good stout birch, which the General rather carelessly remarks look a good deal like an elephant's. This accomplished, I dined off the remains of a squirrel stew, a most savory dish, inwardly thankful that I lived in a country where onions could be eaten without any reference to "roast ducks."

June 1897

← To Graham Line 1100 ft
to Monterey blm 3600
Road to Glen House 3 1/2 miles
1st camp



Woods

SKETCH OF CAMP BY DR. WYMAN

About three P.M. I heard the whistle of the returning foragers, and Morrill immediately appeared on the opposite bank with a pair of live fowls over shoulders, and informing me that there were ever so many things to be brought over. In my hurry to aid, my foot slipped and I got a partial ducking in the Peabody. However, we soon got over, the driver of the carriage bringing over a bag of Indian meal. Gen'l Walcott reported a flock of partridges down the road for which we both started in the wagon of the driver. The Gen'l secured one, but I, who took another course, did not even see one. Whether this made any difference with the partridge I cannot say. After our return we went up the river to look for trout. I succeeded in losing my hook. No fish was caught, and we finished the excursion with a bath by the whole party in the cool pure waters of the Peabody. For supper we had broiled partridge. After supper a bright, blazing fire of birch bark was made in front of the tent, and about nine o'clock we all went to bed after a bright, pleasant day. I do not know that either of us had a trace of the Autumn Catarrh. Put up a substantial mail box in place of the bark box carried off.

Wednesday, Aug. 28. — Having received last evening a letter from Dr. True, of Bethel, requesting me to visit [—, a patient], I arose and prepared to take the coach to Gorham, but allowed the Glen House wagon to pass, thinking the coach was behind; it, however, had already passed, and I returned to Camp rather pleased than otherwise. The day was spent in making a hen coop, a settee, and general improvements about Camp. Rain came on towards evening and continued most of the night, so that we did not cross the river for the mail. In the morning went over and got the letters, which were rather wet from the rain. I wet my feet on the stepping

stones, the river having risen sufficiently to cover them. I prepared myself, and taking my stockings and boots in my hand crossed the river again and sat down to wait for the coach for Gorham.

Rode down to Gorham in an open wagon with Mr. Chas. D. Robinson, the agent of Thompson at the Glen House, who is a bright man and whose business is to see to the transportation of goods to the Glen House, almost all of which comes over the Grand Trunk Railway from Portland. He says great numbers of people come to the mountains quite ignorant of the hotels and of the best way to Mount Washington, and he makes it his duty to see them, inform them upon these points, at any rate see that they do not make the mistake, in his estimation, of remaining at the Alpine House in Gorham. He is well convinced, as most people are, that the Glen House is the proper place from which to visit the summit of Mount Washington, or Glen Ellis's and other places in that vicinity.

Took the train for Bethel at 9.30, and arrived at 10.30, a distance of twenty miles. Saw several Cambridge people who were leaving for Boston. Called upon Dr. Gordon, of Bethel. Did not find him, and walked over to Bethel where I was to visit Judge Huntington at Cornelius Bartlett's, from whom I received a letter by last evening's mail. The road leads to the Androscoggin, which is crossed by a ferry managed in a way I have never before seen. A rope is stretched across the river high enough to be well out of water, and to this the boat is fastened at either end by a pulley which traverses upon the rope from shore to shore. The boat is a flat bottom with upright sides about thirty feet long and ten feet wide and draws from six to eight inches of water. The propelling of the boat is quite ingenious. The rope at the

bow is pulled upon and the boat drawn up to the rope stretched across the river, while the stern is allowed to swing down stream at an angle of about 30° with the current. The body of the boat then becomes an inclined plane against which the water strikes and drives it across. For the return the same operation as regards the two ends of the boat is reversed. At high water the stream does all the work; now with the water low the ferryman aids by pulling upon the rope which crosses the river. At one point a current sets up which is provided against by a kind of outrigger placed against the middle of the boat and projecting eight or ten feet.

The sun was very warm, although covered by thin clouds which seemed to admit heat, but allowed little to radiate from the earth. Reached Mr. Bartlett's at 12 o'clock, a good deal tired. Saw Judge Huntington, who did not appear to have improved in flesh since leaving Cambridge six weeks since. Saw Mr. Charles H. Miles and wife and son. [Notes on medical visits.] Dr. True has studied the Indian names of places a good deal, and thinks he has discovered the radicals of the Algonquin language, which he says was of and from Nova Scotia to the Delawares along the shore. He has published an article upon the subject in the journal of the Essex Institute at Salem. How far his theories are sustained by facts I do not know.

Returned to Gorham, arriving at 5.35, and rode up till we overtook the Glen House coach, with Mr. Cummings in his wagon, and reached Camp at 6.30. Gen'l Walcott was in the river bathing, and rearranging the bridge and stepping stones for higher water. On crossing, it was very evident that it had been a busy day in Camp. The stones had been removed from the path to the water, gravel had been brought, and the whole knoll

received a polish that made it when compared with its first appearance difficult to recognize. All this, as everything else about Camp, is the work of the General, who seems to become more active, more energetic, and more thoughtful with every day. For my own part, I was very glad to get home after my day at Bethel, released from the restraints of a white shirt and close coat. We supped, Morrill went to bed, and we sat up till near ten o'clock, when it began to rain, and we went to our fragrant bed of hemlock boughs.

Friday, Aug. 30. — Awoke at sunrise to a sunny day with light clouds. Thermometer at 6 A.M. 7° Réaumur = 48° Fahr.; at 4 P.M. 13° Réaumur = 61° . After breakfast, Gen'l Walcott, Morrill, and I cut down some birches and alders which interfered with our view of Mount Washington, and about 12 M. Gen'l Walcott cut down a fine hemlock about eighty feet high and eighteen inches at the butt, which fell with a great crash into the river throwing the water in all directions. I and Morrill amused ourselves during the thirty or forty minutes of the cutting of the hemlock in shooting across the river with a revolver. We should not have felled the hemlock, but it interfered with our view of Mount Washington. This morning wrote to my wife and brother Jeffries, and also Dr. Gale, of Brattleboro, declining to visit him in consultation on my own and Morrill's account. I thought I perceived a little cold this morning, which I suspected was due to my visit to Bethel yesterday, but of this I am uncertain. The day has been showery, and the mountain, which in the early morning was capped with clouds of rosy light, has shown the frequent passing of showers and the occasional sudden formation of clouds like the smoke from a chimney, which as suddenly melt away.

Saturday, Aug. 31. — The night has been cold. This morning at sunrise, Ther. 39 Fahr., but soon after sunrise became warmer. After breakfast took guns and went down the road in the hope of finding partridges sunning themselves after the cold night. Gen'l Walcott shot a blue jay, some squirrels, and a couple of Canada robins. I fired once only, at a woodpecker, and missed him. He flew away for a few minutes, then returned where he evidently had a nest, as he disappeared in the trunk. Went over the ground where the partridges were a few days ago, but saw nothing, and returned to Camp. Went to sleep for an hour. The afternoon I spent in reading and Gen'l Walcott and Morrill in fishing on the west branch of the Peabody, but with the slight sweep of three small fish and four wet feet. Took supper of soup and fish, and went to bed. My watch, in consequence of a shallow pocket and chopping wood, fell out for the second time and broke the crystal. Received two letters and a box of provisions from home. While walking up the road we made the discovery that the mountain opposite us for which we felled the tree is not Mount Washington but Madison. A portion of the top of Mount Washington can be seen from a point a few feet from the tent.

Sunday, Sept. 1. — The early morning cloudy but comfortably warm. Breakfasted late. At ten, thermometer — 14 Réau., 63 Fahr., in the shade. Wrote a letter to my wife urging her to come up and spend a week with us before we go home, and asking her to telegraph when she will come. Also, a letter to John Kelsey with regard to Louise and Kate. While sitting by the roadside waiting for some one to pass by whom to send the letters to Gorham, Mr. Hackett, a lawyer of Boston, and Mr. Simonds, a lawyer of Cincinnati, came by. I invited

them to camp and sent my letters by them. Towards [] President Hill of Cambridge appeared on the opposite bank; came over to Camp and spent half an hour talking with regard to his wife. They had come up to Gorham yesterday; were boarding at Mr. Cole's near Lary's. Spent most of the day in reading. Read a chapter in the Bible to Morrill, which with the Lord's Prayer made our religious services for the day. At evening Mount Madison, directly in front of us, had around it a belt of cloud with its base and summit free and the new moon just above it.

Monday, Sept. 2. — A pleasant and warm morning. Mount Madison looked as though covered with snow from the effects of a snow-white cloud resting upon its summit and closely investing it, while darker clouds were floating along lower down and producing a pleasing contrast. Went down to Gorham. Saw President Hill and wife at Mr. Cole's, near Lary's. Also saw Miss Hayden from Cambridge. She said Mrs. Hooker had suffered from a ride yesterday where the yellow asters were in bloom. Rode upon Glen House coach. Found that Gen'l Walcott and Morrill had beautified the knoll by setting out pine trees between the tent and the river to hide certain unsightly spots covered by dried trees which had been cut down.

Tuesday, Sept. 3. — Spent a part of the day in pistol firing, and in clearing away the trees for a path to a view of Mount Washington. In the afternoon worked upon my essay on Autumnal Catarrh. Towards evening walked through the woods to the branch of the Peabody which lies behind the Camp. Received a letter and telegram from my wife saying she should leave Boston for Gorham to-morrow morning.

Wednesday, Sept. 4. — Spent the morning in the usual

work in Camp and in writing. Wrote to Mrs. Croswell with regard to her husband's address. In the afternoon set out for Gorham to meet my wife expecting to be overtaken by the four o'clock stage from Glen House. Was overtaken by Mr. H. A. Rice, of Boston, who kindly took me and Morrill into his wagon, and we rode to Gorham arriving about ten minutes before the train. Had it not been for Mr. Rice we should have lost the train, as no coach now goes down at four o'clock. My wife arrived in the train safely, but with a very bad headache. Rode to Glen House on coach, leaving Morrill at the Camp.

Thursday, Sept. 5. — After spending the night at the Glen House my wife's headache was better and we rode to Camp. Gen'l Walcott had in the mean time made some improvements on the passage of the river, and a very strong ladder to descend the bank. Camp in fine order. We spent a very pleasant day in walking about, eating, and pistol firing in which we all took part. Glen House coach passed at six and a half P.M. and my wife left the Camp.

Saturday, Sept. 7. — In the afternoon at 3.30 started in a wagon with eight others for the summit [Mount Washington]. The air had been very clear through the day. The wind is N. W., which is said to promise a fair sunset and a continuance of clear weather on the summit. We arrived at one of the last turns and had a fine view of the sun sinking behind the Green Mountains. The play of light was pleasant, but not brilliant, as few clouds were to be seen. One, however, which hung over Mount Jefferson for an hour or more was striking from its dark colors and fixed position. Arrived at summit before 7 P.M. Got a limited view of the mountains. Then took supper. After supper went out for a view by the half-moon now

shining bright, but, as might be supposed, the light was too faint to see but a short distance, and there were no clouds to lend variety or afford objects.

8 Sept., Sunday. — Arose before sunrise. The pink light in the east in long streaks was very marked and grew stronger till the sun appeared, just a point at first, then gradually rising without a cloud. As soon as it was up it appeared flat on the top as if in a cloud, but that it certainly was not, for it instantly changed form, of which I made some sketches, sometimes looking like a lotus-shaped gas-shade, at others like a bean-pot with a deeply indented mark, and then with numerous notches and bands. We could see Portland Harbor with Cape Elizabeth and, to the left, the line of coast to a great distance. Various lakes, especially Sebago, were distinctly seen. No clouds could be seen above us, but below us were the clouds filling the valleys or perhaps lying over the lakes. A little ice could be felt in the water collected in a mortise hole in a piece of timber. Ther. 50° on the sunny side of the house after sunrise. The works of the railway, and a piece of the road, could be distinctly seen even with the naked eye. The path to Crawford's also could be seen for several miles. Bethlehem and Littleton and the mountains were plainly visible. We left the mountain at about 9 A.M. and about 1.30 we arrived again at the Glen House.

My cold and my son's have been so slight that they have occasioned us no inconvenience, if indeed we feel them at all. We are strong with a good appetite and feel that the mountains have to us been places of refuge.

At another time the whole family came. My uncle Edward drove with a pair of horses from home to the mountains. The ladies slept in a

place called Glen Cottage. They did n't like it very much. When they saw a sheep brought in, they knew they were going to live on mutton for several days. There were pleasant evenings then at the Camp, when we built a large wood fire and the family were seated about it.

One day it was decided to invite the ladies down to the Camp to a formal supper. An hour or so after, as I was roaming around, I observed Uncle Jeffries putting on his rubber boots, and his rubber coat. Next he brought out a tin bowl shaped like a helmet which he had obtained from the pantry and had decorated with tall ferns. Placing the tin bowl on his head, and arming himself with a tin horn, he proceeded to the Glen Cottage, before which he blew his horn vigorously till all the ladies came out. And then he cried, "O hear! O hear! O hear! Be it known that I am appointed herald to summon you to the Camp at 6 o'clock this evening to partake of a sumptuous repast. O hear! O hear! O hear!"

To show father's devotion to his patients, and to his professional duty, I will mention two incidents. One winter's morning, after a severe snow-storm that so blocked the roads as to tie up the Watertown horse-cars for several days, he attempted to drive down the avenue to the street in his sleigh, when he found it impossible to break through. Thereupon he returned and had one of

his horses saddled, and mounting, he proceeded over the lawn to the street, and so visited his patients. As he passed through Harvard Square he was cheered.

The other incident: One day he came in hurriedly and said he wanted me to drive him to the Somerville Crossing as he wished to catch a train to visit a patient. When we were on Kirkland Street the axle broke, and he was thrown out, and, still holding the reins, was dragged along the road. I called to him to let go. This he did, and getting to his feet he went up a yard, and the next I saw of him he was coming out in a wagon. He caught the train, leaving me with the broken buggy and the horse.

Here I would like to recall an incident in the life of my uncle Rufus Wyman. He was coming out in one of the old Cambridge horse-cars with some of his friends, at the time of an epidemic of small-pox, and word went through the car that there were no attendants at the smallpox hospital. He asked a few questions, and then, handing his bag to Mr. Horatio Parker, he said, "Please take this to my sister, and say that I've gone to the hospital to look after the patients." He remained there two or three days till nurses were obtained. This courageous readiness to help his fellow men was a characteristic of my Uncle Rufus throughout his life.

Our home life was most pleasant. We used to

have the old-fashioned Thanksgiving dinners when the whole family were brought together, — the Morrills, the Walcotts, the Danes, and all, — one year at the house of Mr. Charles J. Morrill, the next year at our house. It was nothing unusual to have twenty-five or thirty at table. One time at our house we had a long table stretching through the two parlors, and mother, at one head, putting up her hands as if she were holding a field-glass, looked down the long line to the other head and said, "I will try to see you, Doctor!" After dinner we would have the games of "stage-coach," and "spin the cover."

Father's memberships in the Massachusetts Medical Society and in the American Academy were active to the end. In the latter body he served for a long period on the Rumford Committee, charged with the duty of examining such discoveries or useful improvements in light and heat as in their opinion merited the Rumford medals. In 1842 he formed with others the Cambridge Scientific Club. Professor Edward C. Pickering, the secretary, has kindly sent me the following note:

Harvard College Observatory,
Cambridge, Mass., March 18, 1913.

Mr. Morrill Wyman,
77 Sparks Street,
Cambridge, Mass.

My dear Mr. Wyman:—

The Cambridge Scientific Club was formed in 1842

by Gray, Lovering, Treadwell, Wyman, Peirce, and Walker. Quincy was elected in 1845, and Everett and Worcester in 1846. Their longevity is very remarkable, as all were comparatively young men when elected.

Yours very truly,

EDWARD C. PICKERING.

In 1857 he acquired the medical library of Professor Tiedemann of the University of Heidelberg, when, the work of that eminent anatomist and physiologist having come to an end, the books gathered by him and used in his studies were offered for sale; and in 1892 father presented the Tiedemann collection, together with other medical books which he had collected, to the Cambridge Public Library, from which it was subsequently transferred to the Boston Medical Library.

To the end he kept "fully abreast of the best medical literature of the times, and few men in the profession had a better knowledge of the works of the fathers of medicine." The quoted words are Dr. Walcott's, and I can no more fittingly bring to a close this tribute to my father's work and worth which I have in these pages undertaken to present, than by quoting Dr. Walcott's beautiful and true appreciation:

He had lived through great events in country, in state, and in city — had watched them all with eager eyes, sometimes inclined to blame but more often to approve. He was interested in all the affairs of the community in

which he lived, but he never allowed them to interfere with the real business of his life — the care of the sick. . . . He was a good citizen, and interested himself in the first duties of a citizen; on the cold bleak morning of the last municipal election [1902] in Cambridge he quietly walked over to the polling place and cast his vote before the larger part of his neighbors were astir.

Among the various interests that centred in Cambridge no one was greater, next to his patients, than the College and his friends who were in charge of it. Intimately associated with all the great men who, during the past seventy years, have taught here, he had himself served the University in many useful capacities. . . .

The record of his services to medicine and the medical charities of Cambridge will remain. His friends will not forget the well-built, well-kept figure, the serious but kindly and always impressive face, the alert and vigorous movements of the body that never grew to be infirm; and above all the man himself, tender-hearted, tireless in service, sagacious, full of courage, impatient of opposition perhaps with regard to questions upon which his own mind was made up and sometimes aggressive, but never forgetful of the rights or interests of others. No person in all the wide circle of his acquaintance ever doubted that he would speak the truth that was in him or be ready to acknowledge the truth that was in another. He, too, was a model of the good and wise physician.

The dedication of their elaborate work, "Studies on the Pathology and on the Etiology of Variola and Vaccinia," by Drs. William T. Councilman, George B. Magrath, and Walter R. Brinkerhoff, to my father beautifully shows their

strong affection for him and high appreciation of his qualities:

To the memory of
DR. MORRILL WYMAN
a physician of Cambridge
who, as an investigator and as a practitioner of medicine,
united careful observation, sound reasoning, and
good judgement, we who have known him
personally and have received inspiration from his words and life,
dedicate
this series of papers.
Boston, Mass., Jan. 1, 1904.

Our man told me that when he was driving him only about ten days before he died, father said, "I never was so happy and contented in my life."

It was a chilly morning and the clouds hung low. Father calmly talked with me about his affairs. He spoke about a certain angle in the fence. Then especially about the book he had thought of publishing. He wanted the unfinished manuscript burnt. I suggested that there might be some facts in it worth preserving. "Well," he then said, "Morrill, I leave it to you." About ten o'clock he gently passed away, and at the moment there were two or three low peals of thunder.

The funeral took place on the following Sunday in the First Parish Church. I quote the record in the *Cambridge Tribune* of February 7, 1903:



DR. WYMAN IN 1890

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Simple and impressive funeral services for the late Dr. Morrill Wyman were held at 2 o'clock on Sunday afternoon in the First Parish Church. It was a large and distinguished assemblage that gathered to do honor to this gentle, modest, efficient, and scholarly physician.

Rev. Dr. Samuel M. Crothers, pastor of the church, was assisted by Rev. Dr. E. H. Hall, a former pastor of the church, who read the funeral service, and Professor Francis G. Peabody, who delivered a memorial address, printed in full elsewhere in THE TRIBUNE to-day. Mr. Grant Drake was at the organ and played the "Dead March" from "Saul," Handel's "Largo," Chopin's "Prelude," and Ambroise's "Prayer." The choir, consisting of Mrs. Robert N. Lister, Miss Catherine Ricker, Mr. C. H. Wilson, and Mr. Edward E. Holden, sang, "O God, Our Help in Ages Past," "Forever with the Lord," and "How Happy is He Who Born and Taught." As the body was removed from the church Beethoven's "Funeral March" was played by Mr. Drake.

The pallbearers were Mr. Charles F. Choate, Dr. William T. Councilman, President Charles W. Eliot, Dr. Reginald H. Fitz, Professor William W. Goodwin, the Rt. Rev. William Lawrence, Professor John Trowbridge, and Dr. Henry P. Walcott. The ushers were Messrs. Charles Coolidge Read, George C. Deane, Edward S. Dodge, Lawrence E. Eustis, William G. Farlow, Joseph B. Russell, Robert Walcott, LeBaron R. Briggs, and James A. Noyes.

Among those in attendance were members of various medical organizations in New York, Boston and Cambridge, in which Dr. Wyman was interested.

Burial was in the family lot at Mount Auburn Cemetery.

IN MEMORIAM

Address delivered by Professor Francis G. Peabody at the funeral of Dr. Morrill Wyman last Sunday.

As we gather here in this quiet presence, it is like standing at the end of an era where we see the whole history of a community and the development of a science as they pass from one period to the next. We see this city shrink into the village of seventy years ago, with its neighborly intimacy and its simple habit; and in and out among these well-known homes goes the village doctor, the trusted counsellor, the confidential friend. We see the art of medicine before its expansion into a hundred special arts, in days when insight, sagacity, experience, wisdom, courage, were the chief instruments of professional success. We see the bygone days of the general practitioner, when a whole community knew what St. Paul meant when he wrote of "Luke, the beloved physician"; when the joys and sorrows, the births and deaths, the physical diseases and the spiritual distresses of each home were comforted and directed and corrected and consoled by a wise and silent friend.

And then we turn to the new world, with its complexity and intensity, its transformations of society and of science, and we see this man of the earlier time looking out into that new Universe with the eagerness and expectancy and sympathy and delight of the youngest of beginners and the most progressive of scholars. Nothing could be farther from our minds to-day than the thought of old age. It was not of such a life that the Psalmist was thinking when he wrote that from fourscore years there was but labor and sorrow! Here, on the contrary, was perennial youth, the mind unwearied in new inquiries, the feet still active with errands of affection; the

new world of science, of politics, of religion kindling new interest and response. He was persistent, tenacious of judgment, vigorous in opinion, rightly prizing his great range of observation and experience; but he was singularly open-minded, teachable, expectant, sure that the great days of his profession were just dawning on the world. Thus his eager, tireless nature bridged for us the space between the old epoch and the new, sharing the enthusiasm of new discovery, acquainting himself with each new method, winning to himself the loyalty of the new generation, greeting the future as Moses looked over into a fair land which it was not for him to enter, but which he could clearly and gladly see.

This is not the time or place to enter into the region of domestic affection; or private sympathy; or personal consolation; but how many of us would be glad to tell the gratitude we feel, for the patient care, and gentle firmness, and unremitting fidelity which knew no pause by night or day. Thirty years ago he said to his young minister: "I like to quote one verse to defend my absence from church," and then he repeated Charles Wesley's lines:

"To serve the present age,
My calling to fulfill:
Oh, may it all my powers engage
To do my Master's will."

And, now, in these last years the same sense of responsibility and privilege endured, and he was wont to repeat the other lines of the same hymn:

"Help me to watch and pray
And on thyself rely:
Assured, if I my trust betray,
I shall forsaken die."

An unbetrayed trust, a service of the present age

which engaged all his powers; — that was the spiritual law which thousands learned as they watched him at his work as ever “in his great task-master’s eye.”

He lived in the companionship of great thoughts, great men, great plans of usefulness. These were what occupied his mind as he drove from home to home. His talk with a patient was apt to be of some large and distant theme rather than of the case itself; yet all the while the case was being studied behind this disguise of larger things. He dwelt more and more, as he grew older, on the work of that brother who seemed to him so infinitely more gifted a man. It is thirty years since Jeffries Wyman died — he of whom Lowell wrote:

“The wisest man could ask no more of fate
Than to be simple, modest, manly, true,
Safe from the many, honored by the few.
To count as naught in world or church or state,
But inwardly, in secret, to be great.”

Through all these years this memory of a brother had been a part of our friend’s very religion; and at the last, with the same beautiful self-effacement, his mind was occupied with new ways of recording the brother’s scientific achievements with fraternal piety and pride.

With the same reverent naturalness he dwelt on the great themes of life and immortality. It steadied him in his duty to think of the reunion with her who had been his support and help-meet here. His faith was child-like, teachable, humble. He had but to follow Him who came, not to be ministered unto, but to minister; and the mystery of the future would be no more miraculous and strange than the mystery of the life that now is. For life itself was wonderful, surprising, solemn and absorbing, and the voice he would most gladly hear in this or any

world is that which says: "Behold, I make all things new!"

Thus, without ostentation or pretension, with the simple habit of the earlier epoch and the scientific enthusiasm of the new era, this man for no less than sixty-five years gave himself to the service of this fortunate town. It was a daily lesson in rectitude, devotion, open-mindedness, simplicity, and consecration. His life was like one of our great elms, which takes ever deeper root in the soil to which it clings and shelters more and more of weary people beneath its expanding and comforting shade. He rests from his labors and his works do follow him. "Not every one that saith unto me, Lord, Lord, shall enter the Kingdom of Heaven." "By their fruits ye shall know them."

"Servant of God! They serve God well,
Who serve his creatures; when the funeral bell
Tolls for the dead, there's nothing left of all
That decks the scutcheon and the velvet pall
Save this. The coronet is empty show;
The strength and loveliness are hid below:

What's done, is what remains! Ah, blessed they
Who leave completed tasks of love to stay
And answer mutely for them, being dead:
Life was not purposeless, though Life be fled."

A few days afterward I went down to The Riverside Press, and, while talking with a printer, he asked me, "Was it not at the time of the thunder when your father passed away? I've been thinking it over and I thought so." I said, "Yes."

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